JPRS-TEP-89-010
30 MAY 1989

FOREIGN BROADCAST INFORMATION SERVICE

JPRS Report

Epidemiology

Epidemiology

JPRS-TEP-89-010 *30 May 1989*

CONTENTS

SUB-SAHARAN AFRICA

NIGERIA

Lassa Fever Kills Several Persons in Three States
[Louise Aguiyi-Ironsi; Ikeja NEWSWATCH, 24 Apr 89] 1

ZAMBIA

Nine Cholera Cases in Mpulungu District *[Lusaka ZAMBIA DAILY MAIL, 30 Mar 89]* 2
Malnutrition Increasing; 300 Malaria Deaths Reported
[Lusaka TIMES OF ZAMBIA, 11 Mar 89] 3
Bovine Pleuro-Pneumonia Kills 3,000 Cattle *[Lusaka TIMES OF ZAMBIA, 31 Mar 89]* 3

EAST ASIA

HONG KONG

Free AIDS Testing for Blood Samples
[Mary Ann Benitez; SOUTH CHINA MORNING POST, 29 Mar 89] 4
AIDS Experts To Study Drug Effects
[Hong Kong SOUTH CHINA MORNING POST, 16 Mar 89] 4
Studies Planned on Hepatitis Treatment
[Hong Kong SOUTH CHINA MORNING POST, 20 Mar 89] 5

THAILAND

Health Official Predicts Rapid Spread of AIDS *[Bangkok BANGKOK POST, 19 May 89]* 6

EAST EUROPE

POLAND

AIDS Nursing Home Near Opole: Problems with Authorities
[Warsaw PRAWO I ZYCIE, 25 Mar 89] 7

LATIN AMERICA

BRAZIL

Figures on Incidence of Endemic Diseases Cited
[Sao Paulo FOLHA DE SAO PAULO, 22 Apr 89] 10
Meningitis Incidence in Rio Reported *[Rio de Janeiro O GLOBO, 21 Apr 89]* 11

NEAR EAST & SOUTH ASIA

BANGLADESH

Kalazar in Pabna; Eradication Efforts Needed
[Editorial; Dhaka THE BANGLADESH OBSERVER, 16 Mar 89] 12

INDIA

First Diagnosed AIDS Carrier in Goa Incarcerated
[Pushpa Iyengar; Bombay THE TIMES OF INDIA 19 Mar] 12
Increase in Number of HIV Positive Cases Reported *[Madras THE HINDU, 10 Mar 89]* 13
Known Karnataka AIDS Cases Rise to 10 *[Bombay THE TIMES OF INDIA, 18 Mar 89]* 13
Tribal Children Reported To Die From Mystery Virus *[Madras THE HINDU 14 Mar]* 13

OMAN

Sharp Drop in Infant Deaths Reported *[Muscat TIMES OF OMAN, 13 Apr 89]* 14
Vaccination Against Hepatitis Considered *[Muscat TIMES OF OMAN, 30 Mar 89]* 14

PAKISTAN

AIDS: Stringent Checks on Foreigners Urged *[Peshawar THE FRONTIER POST, 19 Apr 89]* 14

TUNISIA

Statistics on AIDS Cases Reported *[Tunis LE TEMPS, 16 Apr 89]* 15

UNITED ARAB EMIRATES

Dubayy Reports 31 AIDS Cases *[Dubayy GULF TIMES, 11 Mar 89]* 16

WEST EUROPE

CANADA

AIDS-Related Issues Discussed 17
Two New Treatment Drugs *[Toronto THE TORONTO STAR 6 Mar]* 17
Guidelines, Testing Recommendation *[Toronto THE TORONTO STAR 8 Mar]* 17
Study of Drug Users *[Toronto THE TORONTO STAR, 14 Mar 89]* 18
Withholding of Funds Charged *[Toronto THE TORONTO STAR 14 Mar]* 18
New Policy Measures, Testing Procedures for AIDS Discussed 19
Federal Policy on AIDS *[Kelly Toughill; Toronto THE TORONTO STAR, 13 Apr 89]* 19
Adoption of PCR Testing *[Joan Breckenridge; Toronto THE GLOBE AND MAIL 20 Apr]* 19
AIDS Cases Reported Increasing Among BC Women
[Jean Kavanagh, Joanne Blain; Vancouver THE SUN, 21 Apr 89] 20
Further Cases of Meningitis Reported in Ontario 21
Toronto Area Cases *[Toronto THE TORONTO STAR 28 Feb]* 21
Peterborough County Incidence *[Toronto THE TORONTO STAR 17 Mar]* 21
Spread of Red Measles Outbreak Reported in Outaouais
[Philip Authier; Ottawa THE OTTAWA CITIZEN, 18 Apr 89] 21
Increase Reported in Rapidly Developing Cervical Cancer
[Marilyn Dunlop; Toronto THE TORONTO STAR 13 Apr] 22
Drug-Resistant Gonorrhea Incidence Reported Climbing
[Toronto THE GLOBE AND MAIL, 1 Mar 89] 22
Dead Wood Rats in British Columbia Found To Have Plague
[Ottawa THE OTTAWA CITIZEN, 11 Mar 89] 23
Forest Destruction Blamed on Pollution, Mismanagement
[Toronto THE TORONTO STAR, 16 Mar 89] 24

DENMARK

Health Minister Moves to Halt HIV Registration
[Copenhagen BERLINGSKE TIDENDE, 14 Apr 89] 24

FINLAND

Planes Employed in Fight Against Rabies *[Helsinki HELSINGIN SANOMAT, 20 Apr 89]* 25

SWITZERLAND

Report on AIDS Incidence, Prevention, Cost *[Geneva JOURNAL DE GENEVE, 6 Apr 89]* 26

UNITED KINGDOM

Cover-Up Alleged Over 'Superbug' Risk in Hospitals
[London THE DAILY TELEGRAPH, 6 Apr 89] 27
Vaccine Shortage Reported as Horses Die of Herpes
[Quentin Cowdry; London THE DAILY TELEGRAPH, 14 Apr 89] 27

NIGERIA

Lassa Fever Kills Several Persons in Three States

54000076 Ikeja NEWSWATCH in English
24 Apr 89 pp 35-36

[Article by Louisa Aguiyi-Ironsi]

[Text] No one understood the strange disease that caused the death of his mother. And when the U.S.-based student returned to his hometown in Ekpoma, Bendel State, to attend her funeral, little did he know that there were more funerals to come. Three other members of his family subsequently died of the strange illness. The family had not seen the last of funerals, for when the bereaved man returned to the United States he, too, took ill. He was admitted in a Chicago hospital where doctors of the Centre for Disease Control, in Atlanta, Joe McCormick and Susan Fisher-Horch, diagnosed his illness as Lassa fever. He died. Only after the doctors informed Lagos of their diagnosis did health officials know the cause of death of the other family members. That was last January.

Again, it took everyone by surprise. As it happened in Ekpoma and as it is usual with disease outbreaks in Nigeria, the recent incident in Aboh- Mbaise, Imo State, also started as a "strange disease." The usual intervention of experts and foreign assistance, several days of investigations and many deaths after, finally revealed this episode to be the not-so-strange Lassa fever.

The disease has recurred in different parts of the country since 1969 when it was first recognised among American missionaries in Lassa, Plateau State, the town which gave its name to the disease. There were outbreaks of the fever in Oyo in 1972. Onitsha in 1974, Ekpoma, last January, and recently in Aba and Aboh-Mbaise in Imo State. The doctors who diagnosed the Ekpoma case in the Untied States are experts in special pathogens. They were invited to Aboh-Mbaise as part of an expert investigating team headed by Oyewole Tomori, virologist at the University College Hospital, UCH, Ibadan, dispatched there since 25 March.

Part of the team's mission, according to Chigozie, Ogbu, Imo State commissioner for health, was to establish the origin of the disease, which included exploring a possible connection with the Ekpoma incident and that in Aba which broke out about the same time and had killed five people, including two doctors. On 28 February, Ogbu told NEWSWATCH, his ministry received a report of an unusual high number of deaths at Ezirike's Clinic, a private clinic in Aboh-Mbaise owned by Jerome Ezirike. Joy Njamanze, a doctor at the ministry, was assigned to investigate. She returned with a list of nine names of people who had died there between 29 January and 2 March. Ezirike, the hospital's doctor, also became ill and was taken to the University of Nigeria Teaching Hospital, UNTH, in Enugu where he, too, died two days later. A tour of neighbouring villages by health officials turned up cases of six others who had died within the same period and whose medical histories, which included fever, general weakness, chest pain and sore throat, coincided with the previous victims.

The death toll, now 16, strengthened the suspicion that there might be some type of viral infection in the area. Because all the victims were in one way or another connected to Ezirike's hospital, it was fumigated and sealed off by the ministry.

It was soon discovered that the outbreak was not limited to Aboh-Mbaise. Two doctors of the Divine Grace Hospital, Aba, who developed similar symptoms and were also taken to UNTH, died 17 March. The two doctors, Ogbu said performed emergency surgery on two patients. Both patients died, as well as a nurse, bringing the number of the dead in the hospital to five. Two nurses there fell ill but survived. One of them is at the Owerri General Hospital suffering from complications arising from the disease.

Ogbu reasons that because they were two separate outbreaks, the problem may be larger than previously thought. However, he said, since both hospitals were closed down, no other cases had been reported. And because only the people who had contact with the hospitals died, the incidents were "hospital outbreaks" and as such well-contained. But that does not mean that other people were not infected. In fact, the disease has high infectiveness. Going by McCormick's observations and the case of the two nurses, not everyone who is exposed to the Lassa virus dies from it. Only between 10 to 20 percent of cases are fatal. Some people, McCormick said, are not even ill enough to warrant a visit to the hospital and most in the community will recover. Others, however, progress with severer symptoms—swelling on the face, bleeding, organ damage, vomiting, diarrhoea and shock.

Even if the Lassa fever patient goes to the hospital at the onset of symptoms, the illness would be difficult to diagnose at that stage. A lot of the symptoms in the early stages are similar to those of malaria, influenza or typhoid fever. More typical symptoms of Lassa fever which appear later, are a sore throat which makes swallowing impossible, chest and abdominal pain, redness in the eye, and severe headache.

Although according to Ogbu and tomori, Lassa fever appears to be endemic, it is a less familiar disease than others in that group such as yellow fever, malaria, guinea-worm, cerebrospinal meningitis, gastroenteritis or typhoid fever. And because it is not easily recognised, many cases may be confused with other diseases and as such, do not get reported. It was for this reason that the disease was mistaken for diphtheria. The local government council, based on what Reginald Eke, Imo State

chief health officer described on an IBC television programme, as "differential diagnosis," embarked on vaccination of the villagers. Later on, because "it was of no use and gave the people a false sense of security," Eke said, it was stopped.

Some steps taken by government, however, appeared to be of some use. The public enlightenment campaign initiated by the health ministry, defused the panic that broke out following the news of the "mysterious disease." Aboh-Mbaise still remains a no-go area for many visitors, but health officials maintain that the message that you cannot get the disease from casual contact is getting across.

Some of the people say Lassa fever may not have killed those people. Ezirike's family for instance, suspect foul play—what one newspaper described as "the evil machination of envious competitors." The report quoting Uzoma Ezirike, uncle of the late doctor, suggested possible contamination of a specified number of intravenous fluid supplied to the hospital between December 1988 and last January. The drips the report said, "were administered on all those who died."

Investigations have, however, proved beyond doubt that what caused the deaths was Lassa fever. Health officials may have arrived at that conclusion earlier, if they had all the facts sooner. There were indications according to Ogbu, the Ezirike, the doctor, held back information regarding his patients' symptoms because he feared the closure of his hospital. It was only after he died, that other doctors in the area whom Ezirike consulted with, told investigating health officials the real symptoms Ezirike had observed in his dead patients.

One of the tasks before the expert team was to establish mode of transmission. Nothing in its findings suggested that the outbreak in the two areas was caused by anything other than the usual contact with the virus through the urine or faeces of a domestic rat of the species mastomys natalensis. Person to person infections Tomori said, are strictly by direct contact, primarily with body fluids such as blood, urine or vomit. After the usual incubation period of 21 days, an infected person is no longer infective. Food contamination is the most common route of rat-to-human transmission. Contact with the virus through cuts or scratches on the hand is another way to get infected. The use of unsterilized needles is an important factor in hospital transmissions.

Unfortunately, not much can be done once infection is established. There is no effective drug for treatment and no vaccine to prevent the disease. Ribovirin, an antiviral drug is being used experimentally in some areas of West Africa, for example, Sierra Leone, where the disease is more widespread. The drug, McCormick said, has shown some promise, but its efficacy is not conclusive. Even so, the drug which is also being tested in the treatment of AIDS, is not commercially available anywhere in the world. In the absence of chemotherapy the only alternative in patient management is general therapy, he said. Special isolation units have been set up in the general hospitals where patients with persistent fevers which do not respond to anti-malaria medication, are kept for observation. "Barrier nursing," which involves special handling of such patients, and requires medical personnel to wear gloves, caps, aprons, and masks were introduced in these units.

Other control measures include ridding homes of rats. Tomori remarked that "rats are not toilet-trained, and the more rats a home has, the greater the exposure to the virus." Bush burning has been identified as contributing to increased population of rats in the home. Proper handling of food and storing them out of the reach of rats is another precautionary measure that is being preached in an on-going health education campaign in Imo State.

Perhaps, such campaigns will eliminate the situation whereby health officials are consistently taken by surprise by disease outbreaks which eventually get out of hand. A case in point cited by Munubc, WHO consultant virologist, is the 1986 yellow fever epidemic. Health officials were ill-prepared, vaccines were in short supply and the disease, he said, spread "from two states to at least 15 others." Cerebrospinal meningitis, Munubc said, is a disease everyone knows is an annual occurrence in the northern region, but it continues to kill increasing the number of Nigerians. A lack of telex systems, he said, causes delays in exchange of information between the state and federal ministries of health, and consequently delays in handling the problems.

The present campaign in Imo State, which includes educating doctors and medical personnel on how to recognise and manage the disease, is a cue Ogbu hopes other states will take. Because judging from past outbreaks, Lassa fever is certainly more widespread than previously thought and it is anyone's guess where and when the next outbreak will be.

ZAMBIA

Nine Cholera Cases in Mpulungu District

54000064c Lusaka ZAMBIA DAILY MAIL in English 30 Mar 89 p 1

[Text] Nine more cases of cholera have been detected in Mpulungu district, which has been hit by the disease since February.

Northern Province Member of the Central Committee Paramount Chief Chitimukulu who confirmed the latest cases yesterday, said three had been detected on Chilila island on Monday and six more were detected in Muzabwera compound the following day.

The victims, who include men, women and children have all been hospitalised, he said.

Medical officers also found a dead man with vomit around his mouth lying in a solitary hut eight kilometres east of Mpulungu.

"We are not sure yet, but we suspect he died of cholera," the chief said.

The medical team dispatched to combat the outbreak had intensified its efforts and recently set up four treatment centres in the affected areas.

He said efforts to wipe out the disease, were being frustrated by some villagers who continued to defy the fishing ban and quarantine order.

The Ministry of Health imposed a fish quarantine in the Northern Province when medical officers confirmed that the disease could be spread through fish.

Malnutrition Increasing; 300 Malaria Deaths Reported

54000064b Lusaka TIMES OF ZAMBIA in English 11 Mar 89 p 1

[Excerpts] Prime minister Cde Kebby Musokotwane (above) has expressed worry that the nation was losing the battle against malnutrition and has called for a pragmatic approach ending the problem.

Reports from surveillance agencies on child care and Save the Children clearly indicated that many lives continued to be lost, especially in urban areas.

In a speech read for him by Minister of State for Civil Service Cde Njekwa Anamela at the opening of a workshop on malnutrition at the University Teaching Hospital (UTH) in Lusaka yesterday, Cde Musokotwane said the problem of malnutrition must be tackled seriously.

"Malnutrition is not a disease. It is the denial of the necessary food requirements for the sustainability of a happy and healthy life," he said.

The one-day workshop was organised by the Zambia physicians for the prevention of nuclear war (ZPPNW) and participants came from the World Health Organisation (WHO), Food and Agriculture Organisation (FAO), UNICEF and Ministry of Health.

Earlier, Professor Chifumbe Chintu of the UTH told participants that malnutrition was not a medical problem. He said national policies should strictly give health matters top priority.

Prof Chintu said cases of tuberculosis were ever increasing and regretted that it was even difficult to deal with diarrhoea cases because of lack of sugar—a vital element in making oral rehydration salts.

About 300 people died from malaria in Kitwe last year, area senior district governor Cde Peter Lishika disclosed yesterday.

He said the deaths could have been prevented if people took measures to eradicate mosquito breeding areas, especially tall grasses and ditches with stagnant water.

Bovine Pleuro-Pneumonia Kills 3,000 Cattle

54000064a Lusaka TIMES OF ZAMBIA in English 31 Mar 89 p 9

[Text] The veterinary department in Southern Province on Wednesday killed 24 head of cattle in the Gwembe district to avert the spread of corridor disease.

The animals were destroyed because they were shifted without a stock movement permit from infected areas in Choma.

Provincial veterinary officer Dr Satwant Singh said yesterday the animals came from Hatube and Munyona villages in Chief Haamaundu and transported to Munyumbwe.

Samples from the slaughtered animals were out positive when they were tested by a team which included Cde Bonface Mwanaumo, a research scientist in Lusaka.

Dr Singh said chemicals for spraying animals were distributed to farmers.

The spread of the disease which has killed several thousand cattle was caused by illegal movement.

He advised farmers to seek assistance from veterinary officers who would help them with the correct procedures.

Between November 1988 and February 5,007 cases of corridor disease incidence were reported in the province and 3,097 head of cattle died.

But the situation has been reported to have improved drastically from what it was last month.

About 606 x 5 litres of deep chemicals worth K1.5 million had been distributed.

HONG KONG

Free AIDS Testing for Blood Samples

54004016 SOUTH CHINA MORNING POST in English 29 Mar 89 pp 1- 2

[Article by Mary Ann Benitez]

[Text] Private doctors will be able to have blood samples tested for AIDS without charge at Hong Kong Government clinics under a new scheme to encourage more people to take AIDS tests.

The decision coincides with the Government's disclosure of another AIDS case, bringing to 20 the number of cases detected since the surveillance program began in 1985.

The latest AIDS victim is understood to be a Chinese male heterosexual. Of the other 19 AIDS patients, 7 are alive and are receiving counselling and treatment.

Another AIDS carrier has also been detected, bringing to 121 those infected by the virus but showing no symptoms of having the dreaded disease.

From Saturday, the Government will waive its usual $250 fee to private doctors who send blood samples to public virus clinics for confirmation tests on the presence of antibodies to HIV, the virus that causes the deadly acquired immune deficiency syndrome.

Government consultant Dr Yeoh Eng-kiong said the new AIDS test service would encourage more doctors to seek confirmatory tests for their patients and have an added effect of better monitoring of the HIV infection in the community.

Dr Yeoh said the steep cost had discouraged some patients of private doctors from taking a second test.

It had also led to some of the tests being done by private laboratories where quality control was not assured.

Dr Yeoh said the Government would have better information on the extent of the virus by offering their free service as AIDS was not a notifiable disease in Hong Kong.

The patient's anonymity and confidentiality would be ensured as doctors would send blood samples in codes, with the results returned to them also under top secrecy, he said.

So far, a total of 120,247 individuals have been tested for AIDS since 1985, of whom only 1.4 per cent or 1,737 have been referred by private and subvented hospital doctors.

A large majority—105,533—are individuals attending venereal disease clinics where AIDS testing is mandatory.

AIDS Experts To Study Drug Effects

54004015b Hong Kong SOUTH CHINA MORNING POST in English 16 Mar 89 p 3

[Article by Mary Ann Benitez]

[Text] AIDS experts in Hongkong will evaluate the implications of latest studies that show that the anti-AIDS drug AZT, being taken by 10 patients in Hongkong, can induce the development of more resistant HIV strains.

Government consultant and the head of the AIDS scientific committee, Dr Yeoh Eng-kiong, said yesterday: "We will certainly look into it and see what implications it has in terms of our treatment of patients."

AZT, together with early diagnosis of HIV infection and use of better drugs to stop secondary infections, are believed to have prolonged the survival of many AIDS patients.

In Hongkong, six AIDS patients and four others who have developed AIDS-related complexes are taking AZT or azidothymidine, also known commercially as Retrovir.

The results of a study by Dr Douglas Richman of the University of California at San Diego in collaboration with Wellcome Research Laboratories scientists, to be published in the March 31 edition of *Science* journal, raise questions on the long-term effect of AZT, the only drug approved for AIDS treatment.

It found that 11 San Diego-based patients with AIDS or AIDS-related complex who have been receiving AZT for up to three years developed HIV strains more resistant to the drugs.

However, for unknown reasons, the patients who harboured more resistant HIV strains were not generally more ill than others who did not.

The Singapore office of London's Burroughs-Wellcome Company, the manufacturer of AZT, is expected to make a statement on the study tomorrow with accompanying advice to doctors in the Asia-Pacific region in treatment use, said Burroughs-Wellcome's medical marketing manager, Mr Ronald Tong.

The local suppliers, Burroughs Wellcome and Company (HK) Limited declined to comment.

Dr Yeoh said it had been known there were various strains of HIV, the AIDS virus, but whether this was a result of AZT treatment or had been there before treatment, had not been shown.

The head of the AIDS Counselling and Education Service, Dr Patrick Li, said he was not surprised by the findings as more resistant viral strains do develop with prolonged use of anti-virals for other infections.

Dr Li said AZT was generally considered a "temporary drug" until a cure was developed.

Studies Planned on Hepatitis Treatment

54004015a Hong Kong SOUTH CHINA MORNING POST in English 20 Mar 89 p 6

[Article by Mary Ann Benitez]

[Text] Plans are underway for local studies into the effectiveness of a new combination of drugs in preventing hepatitis B-induced liver diseases among Chinese.

A member of the Government's hepatitis B advisory committee, Dr Yeoh Eng-kiong, said several studies were planned to evaluate the efficacy of the combined use of steroid withdrawal and interferon treatment, which has been proven to halve the infectivity of hepatitis B virus among Caucasians.

But this treatment—which has shown signs of preventing the development of killer liver cancers and cirrhosis among chronic carriers of the virus—has yet to be evaluated on Chinese, who generally have reacted poorly to any form of hepatitis B treatment in the past.

About 10 per cent of Hongkong's population are chronic carriers of the hepatitis B virus and stand a one in four chance of dying from liver cancer or cirrhosis.

An earlier study of the combination therapy using Hongkong children chronically infected with the virus showed only a 15 per cent virus reduction, instead of the 50 per cent shown among Caucasian adults.

The therapy comprises oral intake of a steroid daily for up to six weeks. The steroid intake is stopped and after a break of two weeks interferon is injected three times a week for the next three months.

Interferon used to be considered a wonder cancer drug but has not lived up to the high expectations. It is being used for treating liver cancer but results so far have not been encouraging.

Dr Yeoh said using interferon alone only reduced the infectivity by 30 to 40 per cent but the response was poorer among Chinese.

"But whether this will really help the patients in preventing liver disease from occurring is something that has not been established because of the long time lag of about 30 years between infection and development of the disease," he said.

However, it was worth trying the drugs on chronic carriers, he said.

"This appears to be currently the best treatment regimen so far as the response rate goes up to 50 per cent," he said.

Dr Yeoh believed the poor response of Chinese to antiviral treatment was because they were infected much earlier, from mother to child, whereas Caucasians were infected by hepatitis B only in adult life through sex or blood.

On prevention of hepatitis B infection, Dr Yeoh said the neo-natal vaccination program which began in December last year had shown a good response rate.

He said the next step in prevention would be to consider how best to immunise pre-school and young school children, who stood the biggest risk of contracting the virus after newborns.

"One possibility is to include it in school immunisation programs or ask them to go to maternal and child health centres," he said.

He said with vaccination, not only new chronic carriers were minimised but also the risks of acute hepatitis B infection, which can be fatal, were reduced.

The problem that remained was how to deal with those already chronically-infected before birth, comprising about five per cent of newborns, for which a vaccine was useless, and the existing chronic carriers for which no effective treatment had yet been found, Dr Yeoh said.

—Meanwhile, the makers of the only anti-AIDS drug AZT said recent laboratory findings of more resistant HIV strains in patients undergoing prolonged treatment with the drug did not require alterations in patient therapy.

The Wellcome Foundation said: "The effectiveness of zidovudine (or AZT) in prolonging and improving the quality of life in AIDS and AIDS-Related Complex patients has been clearly established and the product has been approved by government authorities for use in over 60 countries."

Concern was raised over the possibility of reduced AZT effectiveness after prolonged use when it was disclosed that laboratory studies of patients using the drug for up to three years showed resistant HIV strains.

Wellcome said it reviewed the data regarding antiviral sensitivity with external experts in the field.

Although reduced sensitivity was shown in vitro, the patients were not doing worse clinically.

THAILAND

Health Official Predicts Rapid Spread of AIDS

BK1905004189 Bangkok BANGKOK POST in English 19 May 89 p 4

[Text] Thailand will have 320 full-blown AIDS victims and 24,000 HIV positive and ARC (AIDS-related condition) patients by 1991, according to a forecast by the Communicable Disease Control Department.

Department director-general Dr Thira Ramasut and the department's anti-AIDS centre chief Dr Wiwat Rotchanaphitayakon said yesterday the number of full-blown AIDS patients might even rise to 1,400, and that of HIV positive and ARC patients to 100,000 countrywide in the next seven years.

The department this year launched a three-year anti-AIDS project, under which 29 mobile medical teams, each with at least six doctors, will look for AIDS victims nationwide.

The project also calls for the establishment of 17 AIDS care centres in all regions and provincial AIDS care clinics in each of the country's 72 provincial hospitals, said Dr Thira, who heads the project.

To date, 11 AIDS care centres have been set up, while 36 provincial hospitals have opened AIDS care clinics.

Dr Thira also said that 12 full-blown AIDS cases have been reported in Thailand since 1984 until May 15 and the latest victim, a homosexual, has already died.

Dr Thira confirmed that only one of the 12 was still alive.

However, the number did not include an American university lecturer who died of AIDS at Chulalongkorn Hospital on Monday.

There have been 67 ARC patients and 54 were still alive, while 6,173 of 6,208 HIV positive patients were still alive.

He said 87.4 percent of HIV positive and ARC patients were intravenous drug addicts while the percentage of affected prostitutes has risen from 0.06 percent in 1987 to 0.2 percent this year.

Dr Thira also confirmed reports that a monk in the North, who used to be bisexual, has developed ARC symptoms.

POLAND

AIDS Nursing Home Near Opole: Problems with Authorities

54000304 Warsaw PRAWO I ZYCIE in Polish No 12, 25 Mar 89 p 9

[Article by Iwona Zenczykowska: "This Bell May Toll for Anyone" subtitled "In Zbicko, 3 Km from Opole, Monar's Center, First in Poland for HIV-Infected Drug Addicts"]

[Text] The first Opole taxi driver said, "It should be encircled with barbed wire and burned to the ground." And the second driver said, "I can drive you there but I won't wait for you." On the way back, "To be honest, I drove home to wash my hands." A resident of Opole: "Around here people say, sure, they [AIDS patients] must have a place to live in, but why here in our town?"

Marek Kotanski [the founder of Monar, an organization for helping drug addicts in Poland] said, "I announced via the PAP Polish Press Agency, the press, the Teleekspress, and the Warsaw Television Courier, that on Thursday 2 March I was organizing a meeting with carriers of the AIDS virus and people who want to work on this problem. Almost at the same time that this announcement was made public, on Wednesday morning, friends from our Monar center in Patoka telephoned to say that they had three patients who tested positive for the HIV virus. A terrible anxiety: what to do? I said, let them come, all of them, because I myself had no time to travel to them. So on Thursday morning I held a psychotherapeutic session with them and informed the young people that they are carriers. They must understand and accept their condition. They adopted a philosophy of life they can live with. I support them. We will manage. We have a house for them to live in and settle down in. Their treatment will continue, because a drug addict remains a drug addict, whether he has AIDS or not.

"The psychotherapy session was over at 1300 hours, and at 1800 began a meeting of interested persons from all over Poland. Those who attended were drug addicts, mothers from the Society of the Families and Friends of Dependent Children, and therapists from various centers. We immediately decided on Zbicko, a regular Monar center that happened to be vacant owing to a shortage of patients. We had intended to open that center for underage teens and had already trained the personnel and let out hiring contracts, but in this new situation, considering that no currently operating center agreed to accept patients with HIV, we resolved to act immediately. Right after the meeting some of the attendees traveled to Zbicko by car and others by train. The travelers included uninfected drug addicts as well as HIV carriers, and also therapists who decided to work at that center. We met in Zbicko at 0500 hours in the morning. At 0700 hours we ate a common breakfast. This was followed by a ceremony of dedication of the center (a day earlier I had called the episcopal curia in Opole with this request); a priest engaging in pastoral work among youth arrived. He said eloquently that we are now in the period of Lent, on the Road to the Crucifixion preceding the Resurrection, and that should be the symbol of the center, for its residents who are about to stride on their own road toward life."

I admit that I feared to go to Zbicko. When I first learned that in Poland we have AIDS, an infectious, incurable, and lethal disease, I felt that this was of no concern to me and did not affect me. I know how AIDS spreads and I know that one cannot catch it from ordinary, even everyday, contacts. I know, but I still am afraid. I am afraid to be close to people with AIDS.

"I too was afraid," Marek Kotanski said. "It is the fear of the unknown. That is why I understand even those among my acquaintances who just in case ceased to shake hands with me or even broke their contact with me. Some people are wondering whether I might be sick myself and that is why I am concerned with AIDS patients."

Czarek, the director of the Monar center near Lodz, said that half a year ago he had organized a psychodrama at his center. He declared that two of those present had AIDS. The reaction exceeded all expectations. Some patients at once declared that they wanted to leave the center. One boy kneeled and sobbed, crying that he wanted to cure himself of drug addiction but he wanted to live, not die. One girl, in shock, ran out of the room, and, as it turned out, also away from the center, and she had to be chased to the bus stop before she could be convinced that this was not true, that it was only a psychodrama. Only some members of the group said that the AIDS cases could stay in the halfway house, provided they would take their meals separately. But all decided immediately that the children living in the area of the center would have to depart.

"I felt that the situation grew to be too much for me," said Czarek. "Had this been real, that would be the end of the center. That happened half a year ago. Nowadays people are beginning to accept this problem a little; they realize that drug addicts are the highest-risk group in Poland and that precisely they include the largest number of carriers of the HIV virus."

"I took drugs for so many years, and it could have happened to me. How would I then feel if people were to shun me like that?" declared calmly Nadzia (not infected) when I asked her why she decided to come to Zbicko and continue there her drug treatment together with HIV carriers. "People are afraid because they are ignorant about that disease. For example, here at the center we have a guy who had been living with his mother and younger brother for more than a year without knowing that he was infected. His family remained healthy. But the sick need to be helped."

"Yes, I am afraid. After all, catching that disease is possible, but my hope is that I will not catch it," said Roman Kulej, a teacher from Zbicko. He came here from the center in Wroclaw.

Jurek Ciecicra, who previously directed the Monar center in Wroclaw, resolved to transfer to Zbicko and work with HIV patients. "This is not a calling," he said. "It is simply that I am serious about my work. That is why I majored in my field (he graduated in social work from the IPSiR [expansion unknown]), in order to do something that makes sense. Why exactly here? Perhaps because this is yet another difficult hurdle."

He has a wife and children, but it was his own internal struggle that was harder, because his wife is cooperative. At first he was in the grip of the euphoria propagated by Kotanski. Later came a time for reflection. For an entire day he walked in the town and pondered the pros and cons. Finally he made his decision and arrived here.

But why these searchings? Why should not this matter be treated conventionally? Well, a group of individuals concluded that others need help, Jurek and Romek said. Help in what? In life. Because, while they are here at the center, the patients do not take drugs and have greater chances. Perhaps they will live long enough for an effective drug against AIDS to appear. Or at any rate they will die with dignity.

They are rejected by the society, which at the same time demands of them prosocial attitudes. It expects of them that they inform others about their disease, warn others against themselves. Three such patients, with diseased teeth, are looking for a brave dentist. One was simply thrown out of a prison. Officially this was termed a temporary suspension of the jail sentence, but in practice on the very day that his blood test results became known, at dusk he was silently led outside the prison gate and let go. These people are not wanted even in prison.

Here, too, at the center the patients sense this rejection. People cannot be persuaded to work at the center, yet it lacks, among others, a physician and a plumber. Those working for the center earlier had quit their jobs on the same day on which the new patients arrived. There exists a tangible passive resistance from the outside. The head of the center declared: "Officially no one is supposed to be against us, but for the time being we get no outside cooperation."

"I think this is an ignorant town. So far it is the simple people who still react best to us. They may be scared at times, but they are not hostile," said Edek, a drug addict infected with the HIV virus. "I just cannot accept the reaction of the personnel of the Patoka Center where I had lived before. When they learned that some of the patients had AIDS, some of the employees quit at once."

"But I am trying to understand them," said Zenek, also from Patoka. "Everyone should have a choice, and they are afraid not only for themselves but also for their families, for their children. After all, some risk exists, and they feel responsible for their close ones."

"Once they decided to work at Monar, they should stay with us to the end," Edek insists. "The guys who came with us here are just wonderful."

Zenek's first AIDS test is over and now he is waiting for the results of the second. To be sure, the first shock is over, but he still is very depressed. "I have not long to live," he said, "but I would like to kill this thought of dying. Here I would like to learn how to live with the virus, how to live like normal people."

Edek believes that this is yet another in a chain of experiences in his life. He says that he tries to learn as much as possible, to draw the largest possible number of conclusions. The fate experienced by the patients may be experienced by anyone.

Piotrek just took to bed. He probably has a fever, and already yesterday he did not feel well. He is a broken man and refuses to consider that his being unwell might be something normal and unconnected to THOSE fears.

Rafal ran away from the center yesterday. He is a relatively new drug addict and may probably be still impressed by a kind of glamor about the addiction. Hence, he views his disease as a pretext justifying more drug-taking. It is said that before running away he declared that no one can do anything for him, because everyone is afraid of IT. Therefore, he will keep on stealing and taking acid, until the end.

Four days after their coming to Zbicko, on 7 March, a commission arrived from Opole. It consisted of representatives of the Voivodship sanitary-epidemiological office and health department. The commission found that "The facility does not meet the requirements for a high epidemiological risk facility" for various reasons such as a poor water supply (well in bad condition, new well not linked up); improper disposal of liquid wastes (two septic tanks transported by municipal services in an unknown direction or, in the event of an overflow, discharged into a pond located in the rear of the facility; absence of a sewage treatment plant); poor state of facility (among other things, no equipment for laundering infected clothing and underwear, inadequate plumbing, and kitchen and meal services that do not meet the requirements of collective dining); absence of medical resources (absence of physician and nurse, of an infirmary, of dental facilities, of an isolation ward). "The elimination of all the abovementioned shortcomings and defects should take place immediately. Leaving the facility in its present condition creates and shall continue to create an epidemiological peril for patients with negative serological reactions as well as for the personnel and the environment."

The Voivodship Sanitation Inspector Dr Stanislaw Serafin warned against AIDS-related sensationalism. "As far as the pathways of propagation of AIDS are concerned," he said, "it is no different from infectious jaundice. Infection also occurs via the blood or the sexual act. We already know a great deal about jaundice; we know how to prevent it and what to do, and we have been doing it for many years. As for the results, that is another matter. As with other infectious diseases, here what matters most is personal hygiene and proper sanitation as well as fidelity to one partner. AIDS is feared by everyone as something unknown. In the 1960's type-B jaundice was similarly feared. Then, too, reporters came and made a big ado, because it was a novelty. Even now the number of deaths due to type-B jaundice is some 15-fold as high annually as the number of deaths due to AIDS."

Really the point is not that persons with HIV virus are in Zbicko. The point is sanitation. Dr Serafin declared that since 1984 the Opole Sanitary-Epidemiological Office has been concerned with the conditions at the Zbicko Monar Center. It has issued many instructions which were not followed. Last year that center was vacant and the Sanitary-Epidemiological Office received a letter notifying it that Monar was giving it up. Then suddenly it turned out that the center is back in operation, and how!

"I reacted like a hidebound official, because I was simply in a shock," said Dr Serafin. "After all, this country is governed by some principles and not by faits accomplis. Such piratical action is unacceptable to us. If a center of this kind is to be opened, it has to be adapted to its purpose. The facility has to be redesigned, renovated, and provided with sewage disposal, etc., so that it would not suddenly collapse on their heads. I am convinced that this could have been done before the patients would be brought in. But these people do not even know what kind of facility it is to be, how many people it can accommodate, what services to provide to them, and who will provide these services. Patients, personnel, and the public should not be exposed to discomfort and unsanitary conditions."

For the time being the Sanitary-Epidemiological Office has decided that, since patients and personnel already reside at that center, they should be treated as a family household. On condition that they will receive no more people and will not employ outsiders (e.g., a cook, a shopping assistant, or a janitor), meaning that they will have to provide necessary services by themselves. At the same time, they should draft a rational concept of the center and adapt the building to meet sanitation requirements. Only then may they bring in more patients.

"While I was there," Dr Serafin said, "one of them asked me whether I had sworn the oath of Hippocrates, because under that oath it is my duty to help them. Yes, I did swear that oath, but I also swore it to those who want to be healthy."

"They are people who need help, and of course we shall try to help them," said Voivodship Deputy Chief Physician Grazyna Wojtalska-Kusyk. "We still don't know where to get the funds for it. We all are in a shock; we would have preferred knowing about this center earlier. Then we could prepare for it in terms of both medical personnel and equipment and meet at least a minimum of needs."

When notified about the high temperature of one of the patients, Dr Wojtalska at once called the center. The patient should for the time being be administered polopyrin. Until a physician is found who will work permanently at the center, Dr Wojtalska will have to travel there by herself. Is she afraid? But she is a physician. Such a question is not asked of physicians.

Dr Wojtalska was surprised when told in Zbicko that the center there is the best within Monar so far as sanitary conditions are concerned. "Is that true?" I asked Marek Kotanski. "Yes, it is in good shape. These conditions ensue from a deliberate emphasis on simplicity and modesty, a deliberate emphasis on continuous improvements. The patients do not arrive to find a ready-made home; they themselves create their home, create the conditions in which they will live; they create their own legend of a home.

"Clearly, in the case of AIDS patients the rules have to be somewhat different. An AIDS carrier must be careful about his condition; he must lead a more sparing mode of life, without working as hard as the normal drug addicts living at the same center. That is why, while they are not starting from scratch in Zbicko, they will keep improving and refining things there. The rules on hygiene, too, are different. Sanitation requirements must be obeyed thoroughly, with consistent disinfection of the kitchen, the lavatories, the utensils. AIDS does not protect the residents of the center against adhering to these requirements. If they break the rules, they will have to leave."

On occasion, Marek Kotanski added that he just returned from a leadership conference at the Ministry of Health and Social Welfare. "The Ministry promised far-reaching help; it is prepared to pay 200-percent bonuses to employees in contact with HIV virus carriers; and it has promised assistance for the center in Zbicko as well as funds for buying a building near Warsaw and converting it to a hospice. Here let me also add that as of yesterday, that is, as of 14 March, a second center for drug addicts carrying the HIV virus has been opened in Zaczerlany in the vicinity of Bialystok. On behalf of the administration of Bialystok Voivodship considerable assistance was offered by Vice Voivode Slezak.

"Recently we picketed the Ministry of Health and Social Welfare to draw the attention of the public to the problem of combatting AIDS. I carried a bell. It was an alarm bell. Please bear in mind that we do not know for whom this bell tolls...."

BRAZIL

Figures on Incidence of Endemic Diseases Cited

54002008a Sao Paulo FOLHA DE SAO PAULO in Portuguese 22 Apr 89 p C-1

[Text] The Health Ministry reported yesterday that about 370,800 Brazilians will contract cancer in 1989. The National Secretariat of Special Health Programs [SNEPS] reported that about 100,000 people die every year from diseases associated with cigarette smoking. Other statistics supplied by the ministry indicate that about 11 million Brazilians are carriers of such endemic diseases as malaria, Chagas disease, yellow fever, dengue fever, and schistosomiasis.

Education Campaigns

According to the secretariat, 9 out of every 10 cases of lung cancer are related to the use of tobacco. The figures show that, in Brazil, the highest rates of cancer in the human body are registered, in order, in the lung, stomach and breast. Geniberto Campos, secretary of the SNEPS, said that the war against cancer should be waged through education campaigns, "since the disease kills more people than AIDS and the chance of contracting it is nine times as great among smokers."

Campos said that "AIDS has attracted general attention because it is a recently discovered disease, with a large number of cases relative to the time it has officially existed, and because no cure has been found for it." According to Campos, medical authorities throughout the world are concerned, with good reason, about controlling AIDS. In the case of cancer, Campos said, there is advanced research and effective treatment, with a significant cure rate. The possibility of recovery is even greater if the disease is identified in its initial stage and treatment is begun promptly.

The secretary added that one of the factors which has contributed to the increased incidence of cancer is population migration. According to Campos, the flight from rural areas to urban regions has contributed to a change in the health conditions of the population, leaving it susceptible to various diseases, including cancer.

Urban Ills

Romero Barbosa, substitute director of the National Division of Chronic- Degenerative Diseases, said that about 40 percent of the deaths registered in the country are the result of infarction, hemorrhage, and diabetes, diseases typical of industrialized cities. A survey commissioned by the Health Ministry, in which about 2,000 people were interviewed in the 12 capitals, showed that the Brazilian does not believe in preventive measures against these diseases. Through the study, it was shown that the public's biggest concerns are smoking, alcohol, tension, and obesity.

Some 39 percent of the respondents said they smoked and 65 percent admitted they customarily consumed alcoholic beverages at least three times a week. In addition, 42 percent of the respondents said they were in the habit of self-medication and frequently took analgesics, flu remedies, and antipyretics.

In addition to cancer, the principal so-called degenerative diseases (caused mainly by disfunction of specific organs or the organism as a whole and less by external agents, as in the case of endemic diseases) include cardiovascular diseases and diabetes, the principal causes of which are inactivity, obesity, and stress.

Chronic Diseases

The Health Ministry estimates that there are 7.56 million diabetics in the country. Jose Bernardo Peniche, technician with the National Division of Chronic-Degenerative Diseases, says that although diabetes occurs in 5.4 percent of the population, it is not considered a public health problem in Brazil. According to Peniche, this is not true of France, for example, where the incidence of diabetes is 2 percent.

High Endemic Disease Rate

The figures indicating the high incidence of endemic diseases—those which occur constantly in certain locales, affecting a greater or smaller number of people—put Brazil in a peculiar position in the health area, according to Romeo Barbosa. He says that much of the population is affected by the so-called "diseases of the large urban centers," and, at the same time, millions of Brazilians suffer from diseases typical of underdeveloped countries, such as Chagas disease and schistosomiasis. Following are the principal endemic diseases occurring in Brazil.

- Malaria: 562,000 people had malaria in 1988, representing a 10.5 percent increase over the previous year, in which 508,600 cases were recorded. The disease primarily affects the northern and midwestern regions of the country. The Superintendency of Public Health Campaigns (SUCAM) plans to fumigate 3.5 dwellings this year to combat malaria.
- Chagas Disease: According to SUCAM, about 5 million Brazilians are carriers of Chagas disease and from 20 million to 30 million people, particularly in rural areas, are at risk of contracting it. Caused by the protozoa trypanosoma cruzi, through the bite of the insect known as the "barber bug" [or "kissing bug"], the disease attacks the heart and the digestive organs.

It is endemic throughout Latin America and is typical of poor rural regions. Chagas disease is found in 18 states and 2,000 municipios in Brazil.

- Schistosomiasis: SUCAM estimates that 5.4 million Brazilian are infected with the transmitting worm schistosoma and about 35 million are at risk of infection. According to official reports, endemic areas and isolated foci are present in 16 states, covering 12 percent of the national territory. According to the SUCAM, the disease is typical of areas where sanitary conditions are considered extremely poor. Infection is spread by the worms in the feces of the disease victims.
- Dengue Fever: From 1986, when there was a resurgence of dengue fever in Brazil, to the end of 1988, the Health Ministry registered about 136,000 cases of the disease. Dengue is transmitted by the Aedes Aegypti mosquito and has flu-like symptoms. The disease affects 13 states.
- Yellow Fever: In the last 3 years, SUCAM has registered 45 cases of this disease. Brazil has the largest area of incidence of yellow fever on the South and North American continents. The endemic area covers almost the entire Amazon Region and midwestern region of the country.

Meningitis Incidence in Rio Reported

54002008b Rio de Janeiro O GLOBO in Portuguese 21 Apr 89 p 11

[Text] According to Sergio Wilson Nobrega, director of the Sao Sebastiao Institute for Infectious Diseases, in Caju, the cases of meningitis registered this month in Rio de Janeiro State are endemic. According to the State Secretariat of Health, there were 96 cases of meningitis between 1 and 18 April, whereas, in April of last year, there were 157 recorded cases, with 31 deaths. As Nobrega pointed out, the statistics indicate that the daily average is being maintained and that the sudden increase in cases on 12 April, when 18 people were interned, was atypical.

He stressed that the registration of three cases of meningococcic meningitis this week in Iraja and another case in Encantado, with two deaths, is also an endemic manifestation of this form of the disease, which is more contagious and more dangerous than the other forms. Yesterday, three meningitis patients were admitted to the Institute, which attends to 70.32 percent of the cases occurring throughout the state.

BANGLADESH

Kalazar in Pabna; Eradication Efforts Needed

54500090 Dhaka THE BANGLADESH OBSERVER in English 16 Mar 89 p 5

[Editorial: "Kalazar Epidemic"]

[Text] Of the many fatal diseases in Bangladesh kalazar is a major killer disease affecting many people and causing the death of many. At present a kalazar epidemic is raging in all the upazilas of Pabna.

Two medical teams from Dhaka have gone to Pabna to investigate the causes of the disease and to help bring the situation under control.

According to the Pabna Civil Surgeon's records about seven hundred and ninety-two people died of kalazar in 1988. But unofficial sources claim the figure to be much more. They believe that about one thousand and five hundred persons died due to kalazar and more than five thousand people have been suffering from this deadly disease.

This year kalazar has again broken out. Many people have been attacked by this fatal disease. The upazila health complex must keep adequate medicines and vaccines to fight this disease effectively. Also the two fact-finding medical tams which have gone to the affected areas should give a public report about the reasons why kalazar, also known as yellow fever, is still prevalent.

Prevention is better than cure. If the visiting medical teams can find out the reasons for its outbreak then measures can and should be taken to stop the spread of the disease by taking proper preventive steps.

Many killer diseases have been eradicated by the advancement of science. Smallpox which once was a dreadful killer-disease has been completely eradicated. Given proper investigation into its causes kalazar should not be a problem. More vigilance and round-the-clock work by the authorities is very much needed to check it and save people from this fatal disease.

INDIA

First Diagnosed AIDS Carrier in Goa Incarcerated

54500086 Bombay THE TIMES OF INDIA in English 19 Mar 89 p 10

[Article by Pushpa Iyengar]

[Text] His is a poignant cry for human rights. For release from isolation. To Dominic D'Souza, infected with AIDS, nothing is more desirable now than to be able to get out of his solitary cell in the T.B. Sanatorium at Corlim, near Mapusa.

His incarceration began on February 13 to find a letter from the blood bank asking him to get in touch with them "because of your recent blood donation." Dominic, a regular blood donor for many years, had given blood on December 8 last in response to an appeal from a colleague at the World Wildlife Fund, where he works.

He recalls not being alarmed by the letter. "I thought it was because the blood bank wanted to supply me with donor cards which I had out of," he remembers. Brushing it aside, he went to work instead. While getting ready for work the next morning, he found a police van on his doorstep with a message that he should contact the police inspector at Mapusa police station immediately. He complied.

And then began the dash from there to the nearby Asilo hospital and then on to the Panaji police station and back to the Mapusa police station, all within three hours. However, the police did not bother to tell him why he was being hustled around, Dominic says.

All that the Mapusa police finally told him was that "there is some problem with your blood donation." Dominic was none the wiser. But a chance peep into the register at the Asilo hospital, his next halt, jolted him into the realisation that he was a carrier of HIV virus. He found out that the Elisa test done on his blood had turned out to be positive.

At the hospital, he was closely questioned about his sexual encounters during his one-year holiday in West Germany and after his return to Goa in September last year. Dominic told the hospital authorities that he was neither a homosexual nor a drug abuser.

He was told that he would be admitted to the T.B. sanatorium immediately. His appeal that his aged mother be informed immediately of his predicament was met with a callous: "If you don't go home, she will make inquiries and find out for herself."

And that is how Mrs D'Souza, a former nurse, found out. To justify Dominic's quarantine, a copy of the Goa Public Health (amendment) Act, 1987, was shown to her.

Dominic is the first reported case of a Goan with the disease. The other six cases detected in Goa were foreigners.

"I firmly believe I have rights as a human being. You are not dealing with rats in a laboratory. You are dealing with a human being," he points out. He also stressed that he is an HIV-carrier, not an AIDS patient. "There is absolutely nothing wrong with me. No fever, cold, pneumonia...," he adds.

Dominic, who has spent his days in isolation reading up on the disease, also points out that it could take between two years to 12 years for the disease to get full blown. "Does this mean that I am going to be isolated for years, receiving no sympathy?" To keep his balance, Dominic has taken up painting.

Increase in Number of HIV Positive Cases Reported

54500088 Madras THE HINDU in English 10 Mar 89 p 3

[Text] There has been an increase in the number of patients with Human Immuno Deficiency Virus (HIV) which leads to the AIDS disease.

According to doctors at the Christian Medical College (CMC) Hospital here, one of the four AIDS referral centres with the facility to do the Western Blot test for HIV, of the 54,635 cases screened all over the country till October, 532 were found to be HIV positive.

Of these 325 were confirmed at the CMC from 30,349 samples. This included 146 cases from Vellore and suburbs. Four of these patients had died of Acquired Immuno Deficiency Syndrome (AIDS) and of the remaining, 36 were prostitutes. Till date 32,404 samples have been tested at the CMC Hospital.

At the other AIDS referral centres, 10,304 samples were screened at the National Institute of Virology, Pune, of which 164 were HIV positive. A total of 9,029 cases were screened at the National Institute of Communicable Diseases, Delhi, and 14 were found positive. Twenty-nine of the 4,953 samples screened at the AIIMS, New Delhi, were HIV positive.

An Indian Council of Medical Research (ICMR) study showed that of the 25 AIDS cases reported till last October, nine were foreigners. It is felt that 11 of the 16 patients got the disease abroad because of heterosexual promiscuity.

In the case of our Indians, infected in India, blood transfusion was the reason in one case while two were prostitutes and the fourth heterosexually promiscuous. While four of the AIDS infected foreigners had died, the rest had returned to their countries.

The ICMR was providing grants to create facilities for isolation of HIV from seropositive individuals and AIDS patients at the four AIDS referral centres. Personnel from these centres were being sent abroad for training.

The AIIMS and the National Institute of Virology have reported success in the isolation of HIV from seropositive individuals and AIDs patients. This is believed to be the first step towards characterisation of the causative organism. Two virologists have been sent abroad to take up work on characterisation of the virus.

The ICMR plans to set up an institute for research in AIDS. This multi-disciplinary institute is expected to coordinate the serosurveillance and epidemiological studies.

Known Karnataka AIDS Cases Rise to 10

54500087 Bombay THE TIMES OF INDIA in English 18 Mar 89 p 12

[Excerpt] Five positive cases of acquired immune deficiency syndrome (AIDS) have been detected in Karnataka during the lst two and half months, taking the total number of AIDS positive cases traced in the state so far to ten.

A professional blood donor was found to be AIDS positive on Wednesday.

Two of the fresh cases, pertaining to a prostitute and professional blood donor, are from Bangalore while the other two—a foreigner and a patient of the sexually transmitted diseases (STD) clinic were detected in Mysore.

Briefing newsmen on the AIDS situation in the state, in the wake of the scare over the supply of AIDS anti-bodies contaminated immunoglobulins from certain pharmaceutical firms in Maharashtra, Mr H. Nagaraja Setty, state health and family welfare department secretary, yesterday said out of the 10 AIDS positive cases detected in Karnataka, four were prostitutes, three foreigners, two professional blood donors and one was a patient of STD clinic. [Passage omitted]

Tribal Children Reported To Die From Mystery Virus

54500089 Madras THE HINDU in English 14 Mar 89

[Text] Eighty-seven tribal children died of a mysterious disease that afflicted 387 children in 103 villages of Vizianagaram district. The first case was reported on December 27 last from Gummalakshmipuram in the district and the latest case was reported from Ramabhadrapuram on March 6.

This was stated by the Minister for Health, Dr P. Subbiah, in the Andhra Pradesh Assembly today. It was the first time that the outbreak of the disease in epidemic proportions came to notice.

The Minister said the symptoms were similar to those of Japanese encephalitis, but the measures taken to control this disease were of no avail.

Sharp Drop in Infant Deaths Reported

54004532a Muscat TIMES OF OMAN in English 13 Apr 89 p 5

[Text] More than 80 per cent of all deliveries in Oman now take place in hospitals, considerably contributing to a sharp fall in infant mortality.

Revealing this, Health Minister, Dr. 'Ali Ibn-Muhammad Ibn-Musa also said that the country's current infant mortality rate of between 20 and 30 per 1,000 babies born was considered to be "the best in the Middle East."

"The corresponding figure in 1985 was 45 per 1,000," Dr Musa noted in a speech on the occasion of "World Health Day" on Friday.

The success of the immunisation drive, he said, was the single most important factor responsible for bringing down the number of child deaths. More than 85 per cent of the country's children were not immunised against the six major childhood diseases of measles, whooping cough, polio, tetanus, diphtheria and tuberculosis, Dr Musa added.

He said the Health Ministry had also made significant progress in diarrhoea control, tackling acute respiratory infection among children and care of pregnant women.

He said Oman had already achieved most of the objectives of the World Health Organisation's "Health for all by the year 2000" campaign.

Dr Musa said WHO's slogan for this year, "Let us talk health," was aimed at improving the society's health standards.

"If offers people an opportunity to understand their own health problems and the health services they receive," he stressed.

He said: "Since health is the society's responsibility, health progress is related to the progress of the society in general.

"Hence the slogan is not confined to the Health Ministry. It concerns all Ministries, especially those which deal with citizens directly."

Vaccination Against Hepatitis Considered

54004532b Muscat TIMES OF OMAN in English 30 Mar 89 p 9

[Text] Oman's Health Ministry is considering vaccinating all babies born in the country against Hepatitis B with the first of three doses given at birth.

Hepatitis B is at present a serious health problem in developing countries. It attacks people in the form of jaundice, damages the liver and sometimes later develops into cancer.

"We don't know exactly what is the extent of the disease in Oman. It's a major problem in the Third World and we have the same situation here. "There is no reason to believe that we are different," Chief of Child Health Service Dr M. S. Al Bu-'Ali told the press last week.

He said the Government was thinking of incorporating the new vaccination into its immunisation programme under which all children are vaccinated against the six major childhood diseases of measles, polio, tetanus, tuberculosis, whooping cough and diphtheria.

"Serious"

"It (Hepatitis B) is a very serious problem, but it can be prevented by a simple vaccine which is not available everywhere," Dr Al Bu-'Ali said.

The once expensive vaccine is now being produced synthetically and is sold at around $6 per three doses against $100 previously.

"This is another factor helping promote the new campaign against the disease," Dr Al Bu-'Ali observed.

He said a final decision on the subject would be taken at a meeting of officials of the Health Ministry, the United Nations International Children's Fund and the World Health Organisation scheduled to be held in Muscat in September.

The meeting, which would review the country's immunisation campaign, would discuss a number of changes in administration of vaccines, Dr Al Bu-'Ali said.

PAKISTAN

AIDS: Stringent Checks on Foreigners Urged

54004707 Peshawar THE FRONTIER POST in English 19 Apr 89 p 4

[Text] The latest case of AIDS in Karachi has come as a shock to those who have been lulled into believing that the country is 100 per cent free from this scourge. To date, only 12 cases of AIDS have been reported of whom six died and the remaining were deported summarily. The latest case, therefore serves to highlight the fact that unless stringent check is maintained, the universally dreaded disease is bound to reappear here, and then multiply in its own manner.

At the present, the Government is still in the process of finalizing a scheme, which will require foreigners to produce an AIDS-free certificate. Incidently, this certificate is to be demanded from foreigners who intend to stay for longer periods alone. We may add here that a

large number of countries have already imposed such strictures. The seriousness of the disease, in fact, demands that we proceed along these lines without further loss of time. Pakistan cannot hope to be totally free from the AIDS unless there are similar checks on our compatriots returning from abroad after a relatively longer time, and it is a well-known fact that quite a large number of Pakistanis visit places like Bangkok for pleasure. Thailand is now emerging on the AIDS map in red colors. Suspected cases ought to be checked for positive at the airports, if possible. There is a desperate need for all the care in the world. The Soviet Union has just banned all shaving by barbers for lack of proper sterilization. The neighboring India recently ordered the withdrawal of all locally made blood and plasma products following fears that these might contain the AIDS virus. Pakistan has to exercise similar precautions in order to remain 100 per cent free.

It is an evidence of the Government's alertness vis-a-vis the disease that henceforth all doctors, whatever the nature of their job, are required to inform the authorities as soon as they run into an AIDS patient. But this is just not enough. The country has to increase the number of laboratories with potential to test and AIDS patient. So far, only six labs have the facilities to do so. The Western nations have embarked on a tremendous publicity campaign to familiarize their people about the AIDS. We could at least mount some vigorous efforts to stop it from hurting us in the years ahead.

TUNISIA

Statistics on AIDS Cases Reported

54004609 Tunis LE TEMPS in French 16 Apr 89 p 2

[Article by Jamel Taibi: "AIDS: 134 Seropositives, Including 36 With the Illness and 22 Already Dead"]

[Text] The Medical Sciences Association of Tunisia organized an open communications session on AIDS Thursday night in Tunisia, to learn and exchange views on the illness that, because of its gravity, has been the target of an intense media campaign. The campaign is justified by the particularly pessimistic forecasts for the epidemic. These have resulted in a mobilization of research resources and improved acceptance by high-risk populations of AIDS prophylactic measures. For the rest, controversies on the disease set off veritable alarm bells for some and act as tranquilizers for others. The French say the disease is in the process of eradication, the Americans say the opposite. The contrast is significant. As of 1 May, 1988, WHO had counted 88,000 cases, 75 percent in the United States, 12 percent in sub-Saharan Africa, 12 percent in Europe, and 1 percent in Asia.

As of 31 December 1988, 134 cases of infection were recorded in Tunisia. Within this seropositive population, there were 36 cases of people ill with the disease, 22 of them already dead.

Among all these patients, 80 of them are asymptomatic and 18 have ARC (AIDS-Related Complex).

Sixty-four hemophiliacs (47.8 percent) contracted HIV during blood transfusions before systematic inspection of blood was instituted.

Of 70 AIDS patients, 44 are emigrant Tunisians, 16 residents, and 5 African students studying in our colleges. Of the 16 residents, 6 are wives of emigrants; 85.2 percent of patients are between 20 and 39 years of age.

The source of the illness is generally drug addiction or homosexuality. But special cases have also been observed.

Many patients have been counted throughout the country, notably in the south, such as the case of a 28-year-old teacher who sought treatment for an insignificant leg wound, a 43-year-old agricultural worker who lived in Italy between 1981 and 1984, and a 32-year-old drug addict who resided for 8 years in Cannes, France. The latter sought treatment for disturbances in gait, and the doctors were amazed by the originality of his case, which progressed to paraplegia—the patient, however, was totally indifferent to his illness. He died 5 months after being diagnosed.

In most cases, the Kaposi's sarcoma-AIDS combination is almost always verifiable. Opportunistic illnesses may also crop up during the course of AIDS.

In Sousse, nine patients (seven men and two women) were treated following a tuberculosis attack. They were all HIV carriers. Drug addiction and sojourns abroad are behind the outbreak of the illness.

Only one confused case has been observed at the Habib Thameur University Hospital Medical Center. It involves a young, 31-year-old married Tunisian who refused blood testing and examination of his wife. The latter proved to be seropositive. A new seropositive case was just discovered Wednesday at the same center. A comparative study of two epidemiological AIDS studies in southern Tunisia, conducted between 17 December 1987 and 17 March 1989, revealed five seropositive cases. Three of them are hemophiliacs and the other two, blood transfusees. Studies of high-risk groups, however, produced negative results. Along this same line, 36 prostitutes in Sfax were declared untouched despite many years in the profession.

Everyone is aware that the disease causes the onset of multiple illnesses, notably Kaposi's sarcoma, skin diseases, gastric problems, encephalopathies, weight loss, and intractable herpes infections.

AIDS can give rise to phobias, as in the case of a Tunisian working in a university residence for women, who went mad after a first encounter with a girl he knew. He became frightened when she talked to him about AIDS and has since refused to approach women, board buses, or go to places where women are present. The individual in question was not afflicted or even seropositive. He was confined to Razi Hospital.

Given the seriousness of the disease, we wonder what strategy has been implemented to combat the epidemic. Doctors have reconsidered administrative procedures. A preventive plan is called for and an educational campaign in schools is urgent. It is impossible not to be sensitive to the nightmare of AIDS: death in the amphitheater.

UNITED ARAB EMIRATES

Dubayy Reports 31 AIDS Cases

54004531 Dubayy GULF TIMES in English 11 Mar 89 p 3

[Text] Dubayy detected 31 people suffering from AIDS in 1988, Al-Bayan newspaper reported yesterday. Twenty-nine expatriates infected were deported, the newspaper said, quoting the annual report of Dubayy's anti-AIDS committee.

It said the two other victims, a local woman and an Omani man, were serving prison terms in the emirate. All patients should be screened for acquired immune deficiency syndrome for which there is no known cure, before admission to Dubayy hospitals, the committee decided.

The United Arab Emirates reported a total of 262 cases of AIDS in 1987, 22 of whom had died. Health officials from GCC will discuss joint action against AIDS at a seminar starting today in Kuwait, the official emirates news agency WAM said.

CANADA

AIDS-Related Issues Discussed

Two New Treatment Drugs

54200039 Toronto THE TORONTO STAR in English 6 Mar 89 pp A1, A20

[Article by Kelly Toughill: "Scientists Greet Drugs for AIDS Cautiously"]

[Excerpts] The first anti-AIDS treatments ever developed in Canada show great promise in the laboratory but it's too early to predict if they will work in people, scientists say.

They could be the most promising new drugs to come out of Canada, said Dr. Mark Wainberg, an independent researcher who tested the compounds.

"But the last thing you want to do is get people's hopes up. You just can't predict on the basis of laboratory studies how a drug will work in patients."

IAF Biochem of Montreal announced last week that it has developed two drugs to treat acquired immune deficiency syndrome. Neither drug has been tested in humans but laboratory studies show that the compounds, which are very similar, are more effective and less toxic than AZT, the only drug proven to fight the disease.

First Drugs

They are the first anti-AIDS drugs to be developed by a Canadian company.

Michael Stern, IAF Biochem associate science director, has high hopes for the two drugs. He said the compounds may allow people with AIDS to live normal healthy lives, staving off the immune system's destruction indefinitely.

"If you could develop a drug that works like AZT but doesn't have the same bad side effects, you would have a perfect drug for treating AIDS," Stern said. "Well that's what we've done and that's what we have."

It will be at least two years before the drugs are tested in humans, he said. [Passage omitted]

HIV inserts its own genetic code into immune cells, forcing the cell to reproduce virus. AZT prevents that process but is very toxic and can destroy the bone marrow. Some patients cannot tolerate it.

Two years ago, biochemist Bernard Belleau, who is affiliated with the IAF, set out to find a compound that was similar to AZT but that wouldn't produce the same toxic side effects, Stern said.

He created two compounds, called BCH-189 and BCH-203, almost a year ago. The compounds were then sent to independent laboratories for testing. Research at the National Cancer Institute in Washington, D.C., and at the Lady Davis Institute in Montreal found that the drug suppressed reproduction of HIV. Research at the University of Alabama found that the drug did not kill bone marrow cells like its chemical cousin, AZT.

"It is 10 times less toxic than AZT," said professor Jean-Pierre Sommadossi, who conducted the tests at the University of Alabama. "The next step is to understand the mechanism that makes it less toxic."

Sommadossi tested the drugs directly on bone marrow cells cultured in a laboratory.

Stern said preliminary results of a study in rats have shown no toxic side effects. His company is hoping to conduct more extensive toxicity studies in animals over the next two years. [Passage omitted]

Guidelines, Testing Recommendation

54200039 Toronto THE TORONTO STAR in English 8 Mar 89 p A1

[Article by Kelly Toughill: "AIDS Testing Urged for Thousands at Risk"]

[Excerpts] Thousands of Canadians should consider getting tested for the AIDS virus, according to new federal guidelines.

The guidelines, written by the National Advisory Committee on AIDS, recommend voluntary testing for:

—Anyone who received an organ transplant between 1978 and 1985.

—Women who were artificially inseminated during the same period.

—All prostitutes.

—Anyone with a venereal disease.

—Any man who has had unprotected anal sex with another man.

—Anyone accused or convicted of sexual assault.

Passed During Sex

The document opposes mandatory testing, except in a few unusual circumstances, and urges that all test results be kept confidential. [Passage omitted]

The guidelines appear in the current *Canada Diseases Weekly Report*, a federal publication sent to doctors and health officials across the country.

[Passage omitted] In Canada, all donated blood and organs are now screened for the virus.

The guidelines say insurance companies may reasonably require that applicants be tested for the virus before large life insurance policies are approved, Gilmore said.

"If everyone who is infected with the AIDS virus went out and bought a $1 million life insurance policy, a few companies would quickly go broke," he explained.

The guidelines also recommend test results remain confidential except in unusual circumstances.

For instance, if someone accused of sexual assault agrees to be tested, the person they are accused of assaulting should be told the test result, according to the document. [Passage omitted]

As of Monday, 2,329 Canadians had been diagnosed with AIDS, of whom 1,338 have died.

Study of Drug Users

54200039 Toronto THE TORONTO STAR in English 14 Mar 89 p A18

[Article by Kelly Toughill: "Drug Addicts Recruited for AIDS Study"]

[Excerpt] Researchers have launched Canada's first study of how widely the AIDS virus has spread among injection drug users.

Addicts from treatment programs in Toronto and Montreal are being recruited for the two-year project.

"We won't be able to make any firm conclusions from this study about the prevalence of infection in the drug user population over-all," said Dr. Randall Coates, one of the chief researchers. "But it will give us a glimpse of the problem."

AIDS is caused by a virus found in blood and semen and most often passed during sex, the sharing of needles by infected drug users and from pregnant mother to child.

[Passage omitted]

No one knows how widespread the virus is among drug users in Canada, but more than 100 drug users in Toronto alone are known to be infected.

The study, sponsored by the University of Toronto, the Addiction Research Foundation, and Montreal's Hospital St. Luc, will ask drug users to volunteer to be tested for the presence of the AIDS virus. Those who test positive will be referred for medical care. All volunteers will be taught how to protect themselves from becoming infected or infecting others.

Researchers hope to recruit 600 volunteers; 35 have signed up already.

Withholding of Funds Charged

54200039 Toronto THE TORONTO STAR in English 14 Mar 89 p A18

[Article by Kelly Toughill: "Ottawa's Holding Back Millions Needed for AIDS, Activists Say"]

[Excerpts] Ottawa is withholding millions of dollars desperately needed for programs to fight the spread of the AIDS virus and care for those already infected, a coalition of AIDS activists charged yesterday.

"Canadians are hurting and dying and nothing is being done," said Betty Anne Thomas, of the AIDS Committee of London. "The federal government is just hiding its head in the sand."

Last June, federal officials announced a $129 million, five-year plan to fight AIDS in Canada, including $20 million set aside for private AIDS organizations.

Members of the Ontario AIDS Network told a news conference yesterday that none of the groups in Ontario has received any of the money.

However federal officials denied that, saying that $2 million of the $20 million has been given to private community groups so far.

"That's just not true," said Joel Finlay, of the Federal Centre for AIDS, when asked why none of the money has reached community groups. "No one is holding any money back."

Finlay said $300,000 was granted to the Canadian AIDS Society, a national umbrella organization for community groups. As well, he said, funding was continued for many existing groups and started for several new groups.

"The demand for money seems to be outstripping the availability," he said. "I have a degree of sympathy for their concerns, but there is perception out there that an awful lot of new money is available, and that isn't the case."

Those who run the groups say Ottawa's tight-fisted funding policy is destroying their ability to run education campaigns and to provide support services to people with AIDS.

[Passage omitted]

Yesterday's charges come in the wake of mounting criticism over federal efforts to fight the epidemic. Canadian scientists, doctors and even AIDS experts from other countries have chastised Ottawa for a lack of

leadership on the issue. Canada has the second highest rate of AIDS in the developed world, but is one of the few countries with no national strategy to fight the disease.

[Passage omitted] As of Monday, 2,492 Canadians had been diagnosed with AIDS, of whom 1,408 have died. It is believed that up to 30,000 Canadians are already infected with the AIDS virus.

New Policy Measures, Testing Procedures for AIDS Discussed

Federal Policy on AIDS

54200051 Toronto THE TORONTO STAR in English 13 Apr 89 p A14

[Article by Kelly Toughill]

[Text] The country's first federal policy on AIDS was unveiled in Toronto yesterday, defining for the first time Ottawa's role in the fight against the epidemic.

The five-point plan sets out specific areas of action for the federal government, from caring for those infected to researching how to halt further spread of the AIDS virus.

It was announced by Dr Alastair Clayton, director-general of the Federal Centre for AIDS, at a conference of infection control experts.

"This is not a set of parameters for what we hope to do," he said. "These are imperatives. This is what we will do. This is what we are committed to do."

Clayton said the new policy was approved by Health Minister Perrin Beatty last week. The broadly defined set of responsibilities will be followed this summer by a detailed national strategy itemizing programs and costs for fighting the epidemic.

This is what the policy pledges the government to do:

—Sponsor research on drugs to fight the disease, vaccines to prevent infection and studies about how to halt further spread of the virus.

—Educate the public about the disease, and about how to prevent infection.

—Develop guidelines, programs and services that ensure care, treatment, comfort and dignity for people infected with the AIDS virus, their families and friends.

—Support education programs and client services developed by private AIDs organizations.

—Co-ordinate federal, provincial and local efforts to fight the AIDs epidemic.

The government has been widely criticized by AIDS activists and doctors for a lack of leadership on the issue, specifically for failing to develop a national AIDS education campaign or undertaking studies to determine the prevalence of infection around the country.

Burned in Effigy

AIDS activists upset about the lack of experimental drugs available in Canada have burned federal officials in effigy twice in the last year. The new policy should answer some of the criticism, Clayton said.

One element of the upcoming national strategy may be the collection of statistics on how many Canadians are known to be infected with the virus, rather than just on how many have developed active acquired immune deficiency syndrome, Clayton said.

it can take up to 10 years from the time someone is infected with the AIDS virus until they develop the disease. It is important to know how many people are infected in order to plan for future health-care needs and to target areas of high infection with education.

At present, the government only keeps records on the number of Canadians with fully developed AIDS.

As of Monday, 2,554 Canadians have been diagnosed with AIDS, of whom 1,439 have died. But it is estimated that up to 50,000 are infected with the AIDS virus, all of whom are expected to develop the fatal disease.

Adoption of PCR Testing

54200051 Toronto THE GLOBE AND MAIL in English 20 Apr 89 p A12

[Article by Joan Breckenridge]

[Text] The Federal Centre for AIDS has started to use an advanced testing procedures that allows researchers to detect the presence of the AIDS virus without having to wait for antibodies to form.

The polymerase chain reaction [PCR] test is an extremely sensitive testing method that detects the nucleic acid sequence of the AIDS virus in blood cells. All viruses produce identifiable nucleic acid sequences, or genes.

"It's half a light-year ahead of what we used to do," Dr Michael O'Shaughnessy, director of the centre's bureau of laboratory research, aid yesterday.

"We're able to detect the virus in the cells before it begins to replicate or produce antibodies."

The PCR test, developed by Cetus Corp of Emeryville, California, will not immediately replace the original AIDS test, which is designed to detect the presence of antibodies to the virus.

"It's cheap and it's remarkably sensitive, so it's still the gold standard," Dr O'Shaughnessy said.

The AIDS antibody tests costs about $2 to perform, while the new test costs about $10, he said.

Although the original acquired immune deficiency syndrome test is very effective, it cannot always determine whether a person is infected. Studies have shown that antibodies to the AIDS virus may not show up for as long as 14 months after a person has been infected.

The PCR test has not yet been standardized for AIDS testing and it requires sophisticated biotechnology to perform. Only the United States, France, Germany and Canada are currently using it, Dr O'Shaughnessy said.

Provincial public health laboratory staff were informed in January that they could go to Ottawa to learn how to perform it. They haven't yet received training, so the test is being performed only by the federal government.

The test was put on the market by Cetus last July. The federal government has spent the past eight months testing its effectiveness before approving it for use in this country, Dr O'Shaughnessy said.

Its application goes beyond AIDS. The process was developed in the United States to detect sickle-cell anemia. It is being used to check for human papilloma virus, a forerunner of certain types of genital cancer. It may eventually be used to complement the Pap smear in the detection of cervical cancer.

The PRC test will be used to test newborn infants of AIDS-infected women, to measure the effectiveness of experimental AIDS drugs or vaccines and to double-check false-negative or indeterminate test results.

The AIDS antibody test is an ineffective method for testing new-borns. Babies acquire antibodies from an infected mother through the placenta, but this does not mean they have contracted the virus.

The only way to determine whether a baby is infected is to grow the virus in a test tube. Researchers have to wait at least six months before they can safely withdraw 10 cubic centimetres of blood from an infant for the experiment. The PCR test can be done immediately on one cubic centimetre of blood.

Individuals can also test negative because of the window period between the time of infection and the appearance of antibodies. The result of an AIDS antibody test is often neither positive nor negative.

"Most people who test negative are, in fact, negative," Dr O'Shaughnessy said.

Doctors who believe their patients are exhibiting symptoms of AIDS will be able to order the new test to double-check a negative result. The PCR rest will also be used to re-check indeterminate results.

Researchers will also be able to use it to determine how effective a drug is at reducing the replication of the virus, Dr O'Shaughnessy said, adding that they will be able to measure the amount of virus present in infected cells.

AIDS Cases Reported Increasing Among BC Women

54200053 Vancouver THE SUN in English
21 Apr 89 p A12

[Article by Jean Kavanagh and Joanne Blain]

[Excerpts] Although many women view AIDS as a risk primarily involving gay men and intravenous drug users, the number of B.C. women with the disease is on the rise.

"The numbers are still small, but they're increasing more quickly than the over-all numbers," said Dr Michael Rekart, director of sexually transmitted disease control for the provincial health ministry. "They are of concern."

Of the 515 cases of acquired immune deficiency syndrome reported in B.C. to date, 14 have been in women, he said.

Another 117 women have tested positive for the virus that causes AIDS. The virus—human immunodeficiency or HIV—normally lies dormant for five to seven years before it progresses to an active infection.

Seven of the 14 women who have actually developed the disease are believed to have been infected by a sexual partner who is bisexual or an intravenous drug user, said Rekart.

Five women got the disease from contaminated blood products, one was herself an intravenous drug user and the source of one infection is not known, he said.

A year ago, only seven B.C. women had been diagnosed with AIDS, according to federal government statistics.

In the future, "women partners of IV drug users will probably be the leading cause" of AIDS in women, Rekart said. The number of women who contract the disease from blood products is expected to decline, he said, since donated blood is now routinely screened for the AIDS virus. [Passage omitted]

Canada-wide, the number of new cases of AIDS in women went from seven in 1984 to 38 in 1987, he said. [Passage omitted]

Further Cases of Meningitis Reported in Ontario

Toronto Area Cases

54200041 Toronto THE TORONTO STAR in English 28 Feb 89 p A6

[Article by Lisa Wright: "Three Meningitis Cases Being Treated in Metro"]

[Text] The meningitis outbreak has spread into the Metro area, with three active but unconnected cases in the past week, say health officials.

A 2-month-old Toronto girl, a 33-year-old East York woman and a 5-year-old Scarborough girl are recovering in hospital after contracting meningococcal disease last week.

Both children are in good condition at the Hospital for Sick Children and the woman is also reported in good condition at Toronto's East General Hospital. They are expected to be released in the next few days.

Health ministry spokesman Nino Wischnewski said a mass vaccination program, like the one under way in the Lindsay area, is unnecessary because the cases are not connected.

The disease has killed at least seven people, including two from Metro, of the 64 reported cases in Ontario this year, according to the latest statistics.

The three active cases are the first in the Metro area since 17-year-old Michael Rhone of North York died Feb. 3, Wischnewski said. A 28-year-old East York man also died after contracting the disease while in South Africa.

"You can't be complacent about meningococcal disease but there's still no cause for panic," said Dr. Lee Ford-Jones, acting director of the infectious diseases division at Sick Children's.

She said the vaccine would not have prevented the 2-month-old girl from contracting the disease because it is "almost useless" for children under 2.

Ford-Jones stressed these recent cases are part of the normal cycle of the virus, which tends to reach its peak every 15 to 20 years during the winter months.

A special antibiotic called rifampin has been given to all relatives and friends in close contact with the latest Metro victims to ward off infection, Wischnewski said.

The Hospital for Sick Children has been "absolutely flooded" with phone calls from parents wanting to get their children vaccinated, Ford-Jones said.

Spinal meningitis is the inflammation of the lining around the spinal cord and brain caused by bacteria in the nasal and throat passages. It can be transmitted by coughing and sneezing and has an incubation period of between two and nine days.

Symptoms of spinal meningitis include fever, headaches, dizziness, drowsiness and possibly a stiff neck. Parents are advised to take their children to the hospital if such symptoms appear.

Peterborough County Incidence

54200041 Toronto THE TORONTO STAR in English 17 Mar 89 p A7

[Article: "Peterborough Child in Hospital With Illness Related to Meningitis"]

[Text] A public school student has been admitted to Civic Hospital with a suspected case of a disease related to meningitis.

The child is being treated for meningococcemia, which is caused by the same bacteria that causes meningitis, said Ann Keys, supervisor of public health nursing for Peterborough County. Keys said the child was admitted Tuesday.

There have been four confirmed cases of meningococcal disease in Peterborough County this year.

In neighboring Victoria County, where 9,000 children were inoculated against meningitis in February, there have been 10 confirmed cases this year.

Meanwhile, a Hamilton day-care centre was back to normal yesterday following a scare which resulted in more than 30 youngsters being taken to hospital as a precaution after an 18-month-old boy at the centre was diagnosed with meningococcal meningitis. The child was treated and is in good health.

Also, a teenage Huntsville girl with spinal meningitis has been placed in isolation at a local hospital, Canadian Press reports.

Spread of Red Measles Outbreak Reported in Outaouais

54200052 Ottawa THE OTTAWA CITIZEN in English 18 Apr 89 pp A1, A2

[Article by Philip Authier]

[Excerpts] An epidemic of red measles in the Outaouais has spread to several, previously uninfected communities.

Regional public health coordinator Donald Dery said despite efforts to control the outbreak, the number of cases has more than doubled to 63 from 26 in the last week.

He warned parents of unvaccinated children to have them immunized as soon as possible. [Passage omitted]

Adults born after 1956 should also be vaccinated, he said. Those born before 1956 have likely had the illness, which you can't get twice.

Ten of the new cases appeared in Hull, Gatineau and Aylmer, previously free of the highly contagious illness. It broke out in Buckingham-area schools in mid-March.

In addition to new cases in the Buckingham area, six cases have been reported in Gatineau, two in Hull and two in Aylmer.

Three children have been hospitalized with complications.

"The virus is clearly being transmitted faster than our measures (to prevent it)," Dery said.

Health officials are combing childhood medical records to try and identify students who haven't been vaccinated.

Once located they are either being vaccinated or being asked to stay home from school.

Ten children have been told to stay home. It's necessary for them to stay home 14 days after the last case has been detected, so as new cases are discovered, the period they spend at home is extended.

Ottawa-Carleton remains virtually unaffected. Health department spokesman Michael Grace said only five cases have been detected in the region. The last case was reported about 10 days ago.

Dery said the illness is being spread from child to child, usually in the confines of school buses. One of the Aylmer cases popped up after a child visited a cousin in Buckingham. [Passage omitted]

It is the worst outbreak since 1987, when 88 cases were reported in Aylmer.

The children infected this time are mostly between the ages of 9 and 11. Ten of the cases involve children younger than 12 months.

Increase Reported in Rapidly Developing Cervical Cancer

54200050 Toronto THE TORONTO STAR in English 13 Apr 89 p A1

[Article by Marilyn Dunlop]

[Text] Doctors are seeing an increasing number of cases of rapidly developing cancer of the cervix that appears to be caused by one highly contagious type of wart virus, a Toronto gynecologist said yesterday.

The virus is "extremely aggressive," causing cancer to grow like wildfire and spread in the body early in the disease, said Dr Michael Shier, chief of the division of obstetrics and gynecology at Wellesley Hospital.

He described one 25-year-old woman with a large cervical cancer tumor that had developed so quickly a Pap smear six months earlier showed no sign of disease.

The virus, known as human papilloma virus (HPV) type 18 or "killer type 18," is one of several types of wart virus linked to cancer of the cervix, said Shier. He was speaking at Wellesley Hospital's clinical day at the Inn on the Park.

In about 18 months, doctors will be able to use in their offices a new test kit that detects the wart virus in samples of cervical cells obtained by a Pap smear, he said.

"It will be a boon to women in helping to combat the killer HPV type 18."

He said there is an epidemic of abnormal Pap smears, which warn that cells may be turning cancerous. At the University of Toronto student health service, among 1,627 women last year who had Pap smears, 14.5 per cent were found to have abnormalities. A few years ago the rate was 2 to 3 per cent.

Drug-Resistant Gonorrhea Incidence Reported Climbing

54200040 Toronto THE GLOBE AND MAIL in English 1 Mar 89 p A3

[Article by Lawrence Surtees: "Drug-Resistant Gonorrhea on Rise, MDs Told"]

[Text] The incidence of gonorrhea strains that are resistant to treatment with conventional antibiotics increased by almost 35 per cent last year, experts at the federal Laboratory Centre for Disease Control said yesterday.

The bulk of the increase is in cities in Ontario, Alberta and Quebec.

Doctors in North York, where the proportion of penicillin-resistant gonorrhea strains is among the highest in Canada, have recently been warned by the city's medical officer of health about the dramatic rise in the number of such cases in parts of the city, located in the northern part of Metro Toronto.

The rising number of cases of resistant gonorrhea strains runs counter to the over-all trend of a declining incidence of gonorrhea across Canada, Dr. Jo-Ann Dillon, chief of antimicrobial and molecular biology at the Laboratory Centre for Disease Control in Ottawa, said in an interview yesterday.

Although experts at the Health and Welfare Department lab are still analyzing last year's data, Dr. Dillon said almost 560 cases of resistant gonorrhea strains have been confirmed in 1988 so far, out of an estimated 15,000 cases of gonorrhea. That is a 35 per cent increase from the 413 resistant cases confirmed in 1987, she said.

Doctors in parts of North York are seeing an even higher number of such cases. More than one out of every two cases of gonorrhea seen in the first two months of this year in North York are resistant to penicillin, figures from the city's department of public health indicate.

Doctors have reported 189 cases of gonorrhea in North York since Jan. 1, of which 100 are resistant strains, Dr. Joan McCausland, the city's associate medical officer of health, said yesterday. About 10 per cent of gonorrhea cases seen in the city last year—116 cases out of 763—were penicillin resistant, Dr. McCausland said.

The rising incidence of such cases is attributed to sexual contacts with infected people from the United States and the Caribbean, where resistant strains of gonorrhea are endemic, Dr. Gordon Martin, North York's medical officer of health, said in a letter sent to physicians.

Dr. Martin advised doctors last month to be on the lookout for resistant strains and to treat them with appropriate antibiotics.

Gonorrhea is a sexually transmitted bacterial infection of the uretha and genital tract.

It is caused by Neisseria gonorrhoeae bacteria that can infect the lining of the uretha, cervix, rectum, throat or eyes. Untreated, the organism can spread throughout the body and produce fatal infections, such as meningitis.

The incubation period is shorter in men and the infection results in a painful discharge from the uretha. Women may have no symptoms for several weeks or months, but sterility can result in both sexes if prompt treatment is not received.

Prompt treatment is crucial to preventing the spread of the disease to others as well as preventing more serious health problems in those infected.

Gonorrhea has traditionally been treated with large doses of penicillin or the more powerful antibiotic tetracycline. But the penicillin-resistant Neisseria gonorrhoeae, dubbed PPNG, do not respond to conventional antibiotics.

"The rising incidence of these strains leads to concerns that doctors may not be treating them effectively as early as possible," said Dr. Gordon Jassamine, chief of sexually transmitted disease control at the Department of Health and Welfare.

PPNG strains were first reported in 1976 in U.S. soldiers who had served in Vietnam.

The strains have also developed resistance to tetracycline, leading doctors to use the more costly spectinomycin antibiotic.

But experts at the federal laboratory also found a PPNG strain late last year that is resistant to spectinomycin.

"These types of gonorrhea will have to be treated with third-generation antibiotics," Dr. Dillon said.

Depending on the strain, treatment costs health departments between six and 12 times as much as treatment with penicillin or tetracycline.

Experts at the laboratory are conducting a national study of the incidence of PPNG and are encouraging provincial health agencies to monitor and control the occurrence of these infections more closely.

"Prolonged treatment with inappropriate antibiotics can also lead to the development of other antibiotic-resistant organisms," Dr. Dillon said.

The PPNG bacteria can also cause a related Neisseria bacteria found in the throat that causes meningitis to become resistant to antibiotics.

Dead Wood Rats in British Columbia Found To Have Plague

54200042 Ottawa THE OTTAWA CITIZEN in English 11 Mar 89 p A17

[Article: "Dead Rats Raise Fear of Plague"]

[Text] The B.C. Health Ministry has issued a warning to residents of the Hat Creek and Oregon Jack Creek valleys near Lillooet where wood rats have died of bubonic plague.

Spokesman Andrew Hume said the ministry is concerned about human and domestic pet contact with small animals such as rodents and rabbits.

"People have to exercise caution," said Hume who warned against trapping rats in homes or outbuildings.

He said if people have a rat problem, they should seek advice from the South Central Health Unit in Kamloops.

Anyone who becomes ill after contact with such animals should seek medical treatment within two to seven days, Hume said. Antibiotic medicine is effective but bubonic plague can be fatal without treatment.

Symptoms include fever, painful, swollen glands under the arm and in the groin. Dark skin patches, lesions and sores appear in the advanced stages. The disease may also spread to the lungs where it causes pneumonia.

The warning was issued after biologist Dave Nagorsen, a Royal B.C. Museum curator, learned that dead bushy-tailed wood rats he collected last summer and fall from Hat Creek Valley died of bubonic plague.

Known as the Black Death in the 14th Century, bubonic plague swept Europe and parts of Asia, killing three-quarters of the population in 20 years.

Nagorsen said the animals had died a few days before he found them and they had not given the appearance of death due to plague. He sent them to the B.C. veterinary laboratory at Abbotsford for diagnosis only after reading literature on the plague.

"There was no evidence of it being diseased," Nagorsen said of the rat found in July. "The first one I picked up I thought nothing about.

"The second (found in October) I thought about having tested. The No. 1 thing on my mind was rat poison because the ranchers in the valley do put poison out. There didn't appear to be anything wrong with the animals; no lesions or sores."

Both animals were put in dry ice immediately and were frozen solid in 30 minutes. There was no sign of fleas or insects about the carcasses. Bubonic plague is carried by a flea that lives in the fur of numerous small animals including black rats.

As a mammologist, Nagorsen and fellow curator Richard Hebda were trapping and marking wood rats, then releasing them to study their biology. Hebda's main interest was in the wood rat's food middens, some of which might be 1,200 years old and offer evidence of past climatic conditions.

After the report was received from the Abbotsford laboratory, people working in or around the museum lab when the rats were brought in have been cleared by medical examinations, said museum spokesman Frances Jones.

Forest Destruction Blamed on Pollution, Mismanagement

54200043 Toronto THE TORONTO STAR in English 16 Mar 89 p A3

[Article: "Canada's Forests Dying From 'AIDS of Trees'"]

[Text] The country's forests are being destroyed by air pollution and mismanagement at a dizzying rate, says a federal report released yesterday.

The report, from the Library of Parliament's research branch, says 40 million hectares (99 million acres) of forest in eastern Canada and another seven million hectares (17 million acres) in the West are seriously affected by airborne pollution.

In addition to sugar maples, considered most vulnerable to pollution, white ash, beech, linden, yellow birch and red maple are also suffering, says the report written by researcher Jean-Pierre Amyot.

Early signs of the blight have been detected in coniferous species like fir, white spruce and hemlock, says Amyot, who referred to the forest damage as "AIDS of the trees."

Half of all sugar maples are affected and 15 per cent of them are already dead, says the report.

DENMARK

Health Minister Moves to Halt HIV Registration

54002486b Copenhagen BERLINGSKE TIDENDE in Danish 14 Apr 89 p 8

[Text] The minister of health says the existence of a file on Danes who have been tested for AIDS is "unsatisfactory."

Health Minister Elsebeth Kock-Petersen (Liberal) has given the National Serum Institute and the Health Administration a week to explain the consequences of abolishing a file that contains the names of 50,000 Danes who have had an HIV test.

The file has existed even though the Folketing banned registration a long time ago. The minister admitted after a meeting of the Folketing Health Committee yesterday that she has known about the records for some time.

In the parallel debate on HIV records at the National Hospital, the minister said it is not enough for the hospital to erase its computer records. Registration on paper must be totally eliminated, the minister stressed. The minister and the Health Committee decided to request an explanation for the registration from the National Serum Institute instead of requiring the immediate destruction of the file. Among other things this will provide an opportunity to find other methods that will enable the authorities to keep on following the development of the AIDS disease. She described the existence of the file as "unsatisfactory." But at the same time she admitted having known about it for some time.

"For a while the Health Committee and I accepted the idea of honoring individual requests not to record civil registration numbers. Quite a few people have made such requests," she said.

"But we agree that the situation is untenable. Now we would like to have the Serum Institute's assessment of whether we can keep on acquiring knowledge about AIDS without needing to have this information."

FINLAND

Planes Employed in Fight Against Rabies

54002489 Helsinki HELSINGIN SANOMAT in Finnish 20 Apr 89 p 15

[Article: "South Hame's Small Wild Animals Receive Bait From Planes. Immunization Campaign Creates a Buffer Against the Spread of Rabies"]

[Text] South Hame's raccoons, wolves, foxes, and lynxes enjoyed a rare treat on Wednesday. Thousands of cakes smelling deliciously of herring dropped from the sky into their home forest. When the animal's teeth bite into the delicacy, a rabies vaccine will spurt out from inside the cake.

Spreading the vaccine bait by air will be tried in an area of 520 square kilometers around Lahti, Asikkala, and Heinola. In a period of 2 days, 6,200 baits will be dropped on the ground.

The air distribution experiment is part of a small animal bait vaccination campaign that will be carried out next weekend in eastern Uusimaa, the western parts of Kymi Province, southeastern Hame, and the Heinola region of Mikkeli Province. The area covered and the amount of bait are more than three times as large as in the first campaign last fall.

During the campaign, 120,000 baits containing rabies vaccine will be distributed over an area of about 8,000 square kilometers. The distribution is being handled by the area's game management organizations and hunting associations in accordance with instructions from veterinary officials. About 3,000 hunters, who have been trained for the job, will participate in the project.

Vaccine Flying Is Precise Work

On Wednesday, the vaccination plane, a Cessna 180, took off after noon with a 3-man crew from the Vesivehmaa small airfield in Asikkala. Each man had his own important duty. One flew the plane, one read the map, and the third tossed the baits into the "vaccine tube," which was built into the aerial photography camera's sighting opening.

After the first vaccination job, the professional aviator, Keijo Peltonen, who served as the pilot, confirmed that the job is really interesting. The forest animals that are to be vaccinated were not seen in motion, but, on Lake Arra, the flyers had the opportunity to admire a flock of swans resting on their migration journey.

"We fly at an altitude of only 50 meters. Everything below is clearly visible, but flying so low is more difficult than flying at a normal altitude. One has to follow the map lines all the time, so that the baits are spread evenly over the terrain. The objective is to have two baits per hectare of forest."

The greatest safety risks during the vaccination flights are caused by the NMT [Nordic Mobile Telephone] radio telephone masts erected along the highways, the tops of which rise up to 50-60 meters. Because of the risks, a special permit is always required from the Civil Aviation Administration.

Keep Dogs Leashed and Cats Inside

Because of the spreading of rabies vaccine over the terrain, the owners of dogs and cats are urged to be especially careful of their pets. The director of the south Hame wildlife management district, Jouko Hakala, emphasized that, during the vaccination campaign from 22 to 30 April, dogs should be leashed in the vaccination area and cats should be kept inside.

"A dog or cat would not die from eating the vaccine, but the purpose is to ensure that the bait goes into the mouths of small predators, not pets. It would also pay to educate children not to pick up the baits and, in no case, to eat them."

There is no evidence that the vaccine contained in the baits is dangerous for humans or animals. Because it contains a live—even if weakened—rabies virus, however, one should avoid touching it. If the bait is touched, washing the hands with soap and water is sufficient. If for some reason the vaccine should enter the mouth, nostrils, or eyes, the assistance of a physician should be sought.

Vaccine Reaches Its Destination Well

The good results achieved in the bait vaccination in the fall made the expansion of the vaccination campaign attractive. According to Hakala, rabies cases have decreased gradually in the areas that were vaccinated in the fall. Up to now, the last sick animal encountered in the vaccination area, a raccoon, was found in Iiti at the end of December.

Outside the vaccination area, on the other hand, five rabies cases were encountered this year in the Kotka and Pyhta areas. A study of animals that had been caught has revealed that over 80 percent of the raccoons in the vaccination area have received protection against rabies from the vaccine baits.

Through the expansion of the vaccination area, a buffer zone is being created outside of the old vaccination area. Small animals that were vaccinated in connection with blood tests have been found to have wandered as far as 20 kilometers outside the vaccination area.

The new affected area around Pyhta and Kotka is being treated for the first time now. The second phase will follow in the fall.

The distribution campaign next weekend will also protect the young that are born in the spring because they will receive their protection from their mother's milk. The resistance will disappear, however, by the end of summer.

SWITZERLAND

Report on AIDS Incidence, Prevention, Cost

54002484 Geneva JOURNAL DE GENEVE in French 6 Apr 89 p 11

[Article by Jose Bessard in Bern: "AIDS in Switzerland: 20,000-30,000 Seropositive Persons"]

[Text] In 1988, 702 cases of AIDS and nearly 10,300 positive detection tests were counted in Switzerland. According to estimates, however, there are currently between 20,000 and 30,000 seropositive persons. And, the Federal Public Health Bureau (OFSP) is predicting about 3,400 AIDS cases in 1991, and between 13,000 and 15,000 cases by the end of 1995. These figures are taken from a report by the Federal Commission on AIDS Related Problems and OFSP. Flavio Cotti, head of the Federal Department of the Interior (DFI), and Dr Bertino Somaini, deputy director of OFSP, presented this report to the press on Wednesday.

Entitled "AIDS in Switzerland: the Epidemic, its Consequences, and the Steps Taken," the report is over 160 pages long. It is a general view of all the knowledge and data known on the disease. Politically, it responds to the requests by the advisor to the states, Christian-Democrat Hans Jorg Huber from Aargau, and the national advisor, Centrist Democrat Paul Gunter from Bern.

"It also responds to the widespread questions of our people," Flavio Cotti points out. "This new, mysterious, and dangerous disease evolves in a specific and sometimes unexpected way. It is necessary to monitor it systematically, and determine its current status. This report will not be the last." The Federal Council took note of it at its meeting on Wednesday.

Two Viruses

Dr Bertino Somaini then stressed the following three aspects of the document: the development of the epidemic in Switzerland, forecasts, and preventive measures. Without going into details, we would first point out that the acquired immune deficiency syndrome (AIDS) is an infectious disease caused by the human immunodeficiency virus (HIV), which at the present time nearly always results in death. There is another closely related virus, the HIV2, which was discovered in Africa. "These viruses have the ability to penetrate into the very substance of the genetic matter of the host cell, and the organism is unable to fight them off effectively."

Who are the people most affected? "Originally, homosexuals were the most affected, but today the disease is spreading at the highest rates among drug addicts who inject drugs intravenously," the report notes. "Among this latter group, the seropositive ratio is probably one out of two." A large proportion of infected people will develop AIDS subsequently. "Already today, AIDS accounts for over 1 percent of lives lost prematurely." And the experts believe that we should "expect the annual number of deaths resulting from AIDS to surpass a thousand by 1994."

Seropositive Children

According to the OFSP's latest statistics, 15 children under 15 years of age are reported to have AIDS. The number of seropositive children is difficult to determine. However, a study has been underway since October 1986 to determine anonymously the number of children born of infected mothers in the country, and to monitor their clinical progress. Up to November 1988, 160 children (81 boys and 79 girls) had been surveyed in all. In 80 percent of the cases, the mother or father was a drug addict. According to international studies, the rate of contamination of the child by the mother ranges from 20 to 30 percent.

"Two-thirds of seropositive children live with their mother, and only one-third live in foster homes, and some in nurseries or special residences," the report indicates. "One quarter of these children have been orphaned by their father and mother. As a general rule, infected mothers who show symptoms are increasingly unable to take care of their children themselves as the disease progresses." And there is a strong threat of psychosocial isolation.

Solidarity

From a general point of view, the report stresses the fact that in addition to preventive measures, there is a need "to maintain or re-establish understanding for and solidarity towards affected persons (seropositive people and AIDS patients). Understanding and support for persons afflicted with this disease is essential, even though the burden they represent will become heavier in the coming years."

The report also provides interesting comparisons on economic aspects of the problem. For instance, the direct costs of AIDS (care, research, information, education, etc.) climbed to 60 million francs in 1988, or 0.3 percent of the total cost of the Swiss health care system. Between now and 1995, this percentage should increase to about 1 percent.

Prevention in Terms of Numbers

"In all probability, AIDS will not be one of the major factors of the exploding cost of health care," the experts say. "It is estimated that the average cost of care provided to an AIDS patient for that disease during his

lifetime is of the order of 74,000 francs." However, the indirect costs (loss of earnings and productivity, etc.) are much higher. Overall, each AIDS case prevented represents "a countervailing value of 600,000 francs."

In conclusion, research on HIV and AIDS "has been stepped up considerably internationally and substantial results have been achieved." And national research efforts are indispensable. For the time being, however, "an effective vaccine against AIDS is not expected to be developed for the next 5 to 10 years."

UNITED KINGDOM

Cover-Up Alleged Over 'Superbug' Risk in Hospitals

54500096 London THE DAILY TELEGRAPH in English 6 Apr 89 p 6

[Article by David Fletcher, Health Services Correspondent]

[Text] Special isolation wards are needed to treat the serious number of hospital patients infected by a virulent strain of antibiotic-resistant "superbug", the Royal College of Nursing said yesterday. Nurses at the college's annual congress in Blackpool complained that health officials were hushing up the extent of the infection.

They urged all hospitals to prepare plans to combat the superbug, Methicillin Resistant Staphylococcus Aureus, which was identified in Australia more than 20 year ago.

It arose through over-prescribing antibiotics and is now common in southern England. It has caused outbreaks at St Thomas's Hospital, south London, and the London Hospital and cases are appearing in hospitals in the North.

It can spread rapidly in the close confines of a hospital. Patients who are elderly, weakened by illness or have depressed immune systems are particularly at risk.

Powerful antibiotics are available to treat the infection but it is often fatal.

Miss Jan Maycock, chairman of the college's rheumatology nurses, said many hospitals were inadequately prepared to fight the infection, and patients with it were treated like lepers.

"These poor patients come to hospital to what they see as a safe place to be treated or their illness, and instead they develop a new infection.

"They have to be treated with strong drugs with side effects which can debilitate them even further."

She added: "They are frequently put in isolated side wards where staff and visitors wear gowns before seeing them. They are avoided by other patients and feel like lepers."

Miss Maycock called on all hospitals to draw up an operational plan, like a red alert for a major disaster, to come into effect when superbug-infected patients were identified.

A special isolation ward should be set up where they could all be treated together by the same staff to minimise the spread of infection.

Miss Maycock said a confidential report drawn up by the Public Health Laboratory Service showed that 1,891 patients developed the infection in 1987 and 50 of them died.

She called on the Government to be more open about the extent of the disease and to release up-to-date figures.

Mrs Anne Footner, chairman of the college's orthopaedic nurses, said the superbug could infect the joints of elderly people having hip transplant operations.

"If infection develops the operation has to be redone, the patient's hospital stay is extended, someone else's operation has to be postponed and the waiting list grows longer."

She complained that hospitals sometimes discharged superbug-infected patients into the community to avoid its spread in hospital.

Vaccine Shortage Reported as Horses Die of Herpes

54500091 London THE DAILY TELEGRAPH in English 14 Apr 89 p 5

[Article by Quentin Cowdry]

[Text] Horse owners were warned yesterday about an outbreak of the infectious disease equine herpes, which has killed 2 horses and affected about 30 others.

It is causing concern among owners because stocks of the safest vaccine to treat it have nearly run out. It also comes within a few weeks of the start of the eventing season.

The Animal Health Trust has recommended vaccination for horses which have been entered for events over the next month and which need to be kept overnight in competition stables.

It said the problem was confined to four stables, one in Windsor, Berkshire, and three in Cambridgeshire.

Horses at Windsor were to be kept in confinement for two weeks, while horses liveried in neighbouring stables had been vaccinated.

A trust spokesman said: "At this stage it is a relatively isolated incident, but we are concerned it could spread."

The scale of the outbreak has been disputed by owners and vets who say that horses have become infected at polo yards in Hampshire and at stables in the Midlands and Yorkshire.

Mr Andrew Jerome, a vet from Daventry, Northamptonshire, said, "I know the trust is looking at more cases than it cares to admit."

The trust said a batch of "dead" equine herpes vaccine had arrived from the United States but admitted new supplies would be needed if the outbreak spread.

Foreign Broadcast Information Service (FBIS) and Joint Publications Research Service (JPRS) publications contain political, economic, military, and sociological news, commentary, and other information, as well as scientific and technical data and reports. All information has been obtained from foreign radio and television broadcasts, news agency transmissions, newspapers, books, and periodicals. Items generally are processed from the first or best available source; it should not be inferred that they have been disseminated only in the medium, in the language, or to the area indicated. Items from foreign language sources are translated; those from English-language sources are transcribed, with personal and place names rendered in accordance with FBIS transliteration style.

Headlines, editorial reports, and material enclosed in brackets [ ] are supplied by FBIS/JPRS. Processing indicators such as [Text] or [Excerpts] in the first line of each item indicate how the information was processed from the original. Unfamiliar names rendered phonetically are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear from the original source but have been supplied as appropriate to the context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by the source. Passages in boldface or italics are as published.

SUBSCRIPTION/PROCUREMENT INFORMATION

The FBIS DAILY REPORT contains current news and information and is published Monday through Friday in eight volumes: China, East Europe, Soviet Union, East Asia, Near East & South Asia, Sub-Saharan Africa, Latin America, and West Europe. Supplements to the DAILY REPORTs may also be available periodically and will be distributed to regular DAILY REPORT subscribers. JPRS publications, which include approximately 50 regional, worldwide, and topical reports, generally contain less time-sensitive information and are published periodically.

Current DAILY REPORTs and JPRS publications are listed in *Government Reports Announcements* issued semimonthly by the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161 and the *Monthly Catalog of U.S. Government Publications* issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The public may subscribe to either hardcover or microfiche versions of the DAILY REPORTs and JPRS publications through NTIS at the above address or by calling (703) 487-4630. Subscription rates will be provided by NTIS upon request. Subscriptions are available outside the United States from NTIS or appointed foreign dealers. New subscribers should expect a 30-day delay in receipt of the first issue.

U.S. Government offices may obtain subscriptions to the DAILY REPORTs or JPRS publications (hardcover or microfiche) at no charge through their sponsoring organizations. For additional information or assistance, call FBIS, (202) 338-6735,or write to P.O. Box 2604, Washington, D.C. 20013. Department of Defense consumers are required to submit requests through appropriate command validation channels to DIA, RTS-2C, Washington, D.C. 20301. (Telephone: (202) 373-3771, Autovon: 243-3771.)

Back issues or single copies of the DAILY REPORTs and JPRS publications are not available. Both the DAILY REPORTs and the JPRS publications are on file for public reference at the Library of Congress and at many Federal Depository Libraries. Reference copies may also be seen at many public and university libraries throughout the United States.